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An Address.[1]

By F. P. Sandes, M.D., M.S. (Sydney),

Retiring President of the New South Wales Branch of the British Medical Association.

The hour has come when I must leave the presidential chair to which twelve months ago you called me. It has been a great privilege and a much-prized honour to have held your confidence and to have enjoyed your trust. For such confidence and trust I thank you most sincerely and if by chance they have been justified, it is only because of the loyal support of my fellow councillors and officers of this Branch of the British Medical Association.

Those of you that have read the quaint inscription that makes this chair distinctive, will note that it is called "The Siege Perilous," the seat of insecurity, wherein if a man is to do his duty, he must lose himself and have no care for anything but the welfare of the members who placed him in that seat and of the public whose interests we serve. When, however, the happy hour arrives that he must hand his charge to his successor, he may be excused for finding himself again and inflicting upon the members in accordance with custom a presidential address in which he may state his views as to their common interests.

The membership of this Branch is to-day exactly twelve hundred. Some forty years have elapsed since its establishment. There are still some who can remember the days of its early struggles, its varied fortunes and its doubtful future. They must feel a thrill of pride when they take thought how this Branch has grown to be one of the sturdiest off-shoots of the parent tree. And it is fitting that here we should pause for a moment to pay respect to the memory of men who had much to do with the affairs of this Association in days gone by. By the death of Dr. W. W. J. O'Reilly we have lost one who rendered yeoman service to this Branch just after its inception. The First Honorary Secretary, for several years a Councillor and, later, its President in 1885-6, how comforting to him in his retirement to think upon the goodly work that his mind had helped to mould. I must also speak of another whose untiring work in the cause of professional unity and devotion to high ideals helped to lay the foundation of our present prosperity. Dr. G. T. Hankins was an enthusiastic worker for the Branch when it first aspired to represent the medical profession of New South Wales. He had been a Councillor of more than twenty years' standing, was the President thirty years ago and later, until 1906, its Honorary Secretary. Remarkable for his intolerance of professional bondage, his personal influence and industry were invaluable at a critical stage of our affairs. By his recent death has been severed one of the links of the present with the past; perhaps in the future you will honour his work by placing in this hall a medallion to his memory.

In New South Wales the growth of the Branch has been coincident and parallel with that of the University Medical School, which has been, no doubt, an important factor in raising this Branch of the British Medical Association to its present commanding position. A goodly proportion of our members is now recruited from our own or other Australian Universities. Although in some quarters our Medical School has been regarded as having too great an influence in University and Branch affairs, one wonders what would have become of our soldiers in the great war if there had not existed an Australian sentiment, or if there had not been present the bonds of good fellowship and loyalty to each other which have been cultivated by the Branch amongst the graduates of our own Medical School.

Of the great Dean of the Faculty of Medicine round whose open grave many of us have recently stood, I am impelled to speak. Thomas Anderson Stuart was one of the oldest members of the Branch. So long ago as 1883 he read a paper before it. Though never an active participant in its affairs, he recognized its power for good in the medical community, and its regard for the public welfare and its high standard of ethical ideals. This is not the time nor place to attempt to assess the value of his life's work. We are content to leave that to the future when "the rash and indiscriminate judgements of his contemporaries may be calmly revised by history," and an accurate estimate made of the great direct and indirect influence exerted by that man of vehement, high and daring nature on the medical sentiment of his time.

But already, and perhaps too early, a movement is afoot to commemorate his work. The Branch has been asked to participate in the preliminaries. What will be the nature of the memorial, or what are the suggestions? We do not yet know. For my own part, I feel that it should be worthy of the man and of the kind that he himself might have wished. Perhaps in the days to come, when by the kindly hand of Time the burden of the family grief is somewhat assuaged, there may arise the thought that he should be given a last resting place in the grey-stoned quadrangle of the Medical School, where his spirit lives. And above his tomb there might be reared to this great Apostle of Medicine, who came to our southern land, a noble bronze, facing north to the bright Australian sun and to the future entrance of his building when complete, north to the University of which he was so distinguished an ornament and north to the land of his fathers.

And of the men of our Association who fought for freedom, what shall be their memorial? Let us see to it that there shall be soon in this hall a splendid tablet bearing their names; and that their records shall be written in a great parchment book and signed by each, for our sons and their sons to read. And

[1] Being the Presidential Address delivered at the Annual Meeting of the New South Wales Branch of the British Medical Association on March 26, 1920.

for those who came not back, whose "path of duty led to glory," we shall prepare a wreath of laurel for our western wall, a *monumentum aere perennius* to take the place of the faded leaves that now encircle their names which shall never die.

But if on this occasion it be fitting to honour the names of our members who have gone before, it is no less desirable to look forward to the future. Ever since that great day—the day of the armistice—when in the historic phrase of Professor Wilson, "It seemed as if the world had been given back to us," when we knew that right had triumphed over might, and that we were released from the toils of war, we have felt that it is our duty to "carry on," to set to work to regain what we have lost, to secure increased efficiency and more perfect organization of our Branch. The position of this Association had been to some of us a matter of great concern. Our men who went out as soldiers, would some day return to civil life; the process of adjustment to ordinary conditions would be fraught with difficulty and we prayed that all might be well. It might be that a goodly number of the young men, having seen many countries and many peoples, feeling the sense of duty nobly done, would be glad to be home. That some others, not seeing this side of the picture, would be disposed to grumble. That older men with comfortable practices and families would set to work again to make up what they had lost, or that others would be dissatisfied with the conditions of military service, or censorious of their brothers who stayed at home. As you will gather from the annual report the likelihood of these contingencies arising was early recognized. Filled with much anxiety as to the outcome, the Association did what it could to avert discontent, which might breed disaster. Though perhaps much was not accomplished, a good deal has been attempted and it is the earnest hope of the Council of this Branch that members who have grievances, will be patient with each other, so that dissension may not at this juncture be brought into our ranks.

It was the system that was at fault. The plebiscite of the half of the medical profession who remained in Australia, showed that three-quarters of these were anxious for conscription, so that we may assume that nearly 90% of medical opinion did not or would not oppose conscription. I suppose that there are none of us who think that now is the time foretold by the Prophet Isaiah "when the sword shall be beaten into the plough share and men will learn war no more." Whilst man is constituted as he is, while greedy eyes are turned to the empty spaces of the earth, this land of ours must be our chief concern. Who can say that the empty spaces of our north will not become the arena, where there will be staged a greater war than that which has just concluded, when not tribes, nor princes, nor nations will be the contestants, but races, Malayan, Indian or Celestial, will attempt to wrest from the Caucasian the mastery of the world.

If that day ever comes, let us not be unprepared. Let there be, at any rate, one body of men in this Commonwealth thoroughly organized in time of peace to do their duty effectively in time of war. Let the medical profession of Australia now demand that they should be conscripted, that each man shall have his special place in the machine so that his talents may be used to the best advantage, not of himself, but of the soldier, whom he shall delight to serve. I would even go further and suggest that this conscript army of medical men with their attendant nurses, voluntary aid detachments, non-commissioned officers and men, who have shown such capacity for work and sacrifice, should be the special care of a Minister of the Federal Cabinet, called the Minister of the Red Cross, and that in times of peace this Minister might concern himself as well with questions involving our relations with the Government in our public capacity, with the problems of preventive medicine, epidemics, venereal disease and other problems which will arise in connexion with the islands which Australia will govern under the mandate. His high office should not be the sport of political sectaries, nor should we have a spectacle as we have had in recent years of a ministry of health being used as an instrument for party propaganda or of political strategists proposing the expenditure of large sums of money to provide friendly societies with luxuries that they do not seek, while leaving the administration of the *Venereal Diseases Act* to languish for want of funds.

But even if these suggestions do not seem to be at present within the bounds of practical politics, we can, in the meantime, perfect our own organization. There are some who have looked forward to the day when we shall have an Australian association independent of the British Medical Association, and who have regarded the federation of the Branches in the Commonwealth as the first step to that end. The forthcoming visit of His Royal Highness the Prince of Wales will have a very direct effect on medico-political opinion in Australia. His journey here heralds the dawn of the new day when an Imperial federation of the home country and the dominions over the seas will come to pass, and I hope that we, in the medical world, will recognize the Imperial sentiment and come to regard our Australian medical federation as one of the brightest jewels in the crown of the British Medical Association. The growth of this sentiment has been marked by the parent Association and received with sympathy. The preliminary steps have already been taken to give the Australian Branches greater independence and power of self-determination while still preserving the bonds of affection between the parent and the child. It may be, too, that soon we shall be able to have congresses of the British Medical Association and representative meetings organized by a properly constituted and independent Federal Council of the British Medical Association in Australia.

Fascinating as are these general considerations and useful as it might be to dilate upon them, I should like to leave this subject and to charge you to put our own house in order. This Branch of the British Medical Association has become an important public body. The average member who comes occasionally to a meeting or drops in at the office for information, takes everything for granted, but he has no conception of the enormous amount of detail work that has to be done. We have classified our work so that it can be dealt with by committees, Executive and Finance, Medical Politics, Organization and Science and

Ethics. The constant attendance of the Branch officers at meetings, the arduous work of the members of the Council, the effort to establish basic principles, regulating our affairs in relation to one another and to organized bodies in the community are not apparent to the casual observer. The public recognition of our fairness and of our usefulness for information purposes is perhaps not fully realized. It is only the tireless industry of the Honorary Secretary and the Honorary Treasurer, with their assistants, that enables us to keep pace with the ever-growing volume of work. In justice to these enthusiasts and the welfare of the Branch we must shortly launch out on more extensive and more expensive lines. You will gather from the reports that the financial position of this Branch of the Association is secure. To obtain continuity of policy and greater efficiency, a permanent secretarial and financial department is becoming a necessity. More room is needed, so that they may work with greater comfort and be enabled to keep their records in order. *The Medical Journal of Australia*, planted in a noisy room, is growing out of the windows; the library is extending and we are hard pushed to find room for our books. Apart from our private concerns and the business of our local associations, the business of meetings and of the Federal Committee, the office has a tremendous volume of work with which it must cope. The business with friendly societies needs almost a special officer. This work will be greater in the future and may be colossal if we have regard to the rumble of a coming storm. Government affairs, both Federal and State, departments of repatriation, pensions, defence, education, police and even income tax, transact business with us. We are a bureau of information for nurses, chemists, newspapers and the man in the street. The war and post-war activities have added additional labours to a staff that is now working to its full capacity. Shortly, too, we shall have need of a larger meeting hall.

How long is this going to last? Will our members be willing to give annually a little more than the wharf labourer contributes to his union? Will they aid us, if we seek to expand? In this connexion it may interest you to know that the Council is giving serious thought to a proposal to add three more stories to this building. It is doubtful if we can obtain a larger meeting hall by so doing; but we shall be able to provide for increased office accommodation if we build and I believe that we shall suffer no monetary loss if we do. Failing this, I see no other course than that we shall wait until the Moore Street extension to Macquarie Street becomes an accomplished fact, when perhaps we might build for ourselves a nobler home, to house the *lares et penates* of our medical guild, letting some rooms to medical men, pocketing the rents that now go to the unjust landlord and placing among the public buildings of this city for all to see a monument worthy of our dignity and our value to the community.

I trust, fellow members, that I have not wearied you. It is difficult to combine sentiment and business. But in a profession like ours sentiment must ever be the mainspring of our actions. It is our noble heritage to combine sacrifice and duty. To do this effectually, we must cultivate cordial relations with each other, with our sister Branches in Australia and with the public. To give expression to that sentiment we need a machine as perfect as we can devise and a goodly house wherein it shall dwell. Then we shall be a greater power for good, protecting our own and the public interest. If we become too much absorbed in our own personal affairs and if we fail in this our duty, we shall become of little account and we shall not take our proper place in the nation's work, nor shall we hand down to our posterity the priceless boon of a profession united for good in the service of the community.

AN ADDRESS.[1]

By **W. W. Giblin, C.B., V.D., M.R.C.S., L.R.C.P.,**
Retiring President of the Tasmanian Branch of the British Medical Association.

The choice of a subject upon which to address you this evening has of late been exercising my mind. Finally I decided that, by commenting on the events of the past year, certain matters of grave importance to the medical profession in Tasmania would be placed on record.

In looking back at the happenings of 1919, we must feel that, from a medical point of view, there has been an advance, even if a small one, all along the line.

The year 1919 opened with the dread of pneumonic influenza hanging like Damocles' sword over our heads. Only now do we realize by what a slender thread that sword was suspended. The system of a well-organized quarantine held back the danger for many months, firstly from the mainland and secondly from Tasmania.

The Acting Chief Health Officer withstood the various and insidious attempts to reduce the standard of quarantine for Tasmania, which had been decided as the minimum consistent with safety. In this he sought the advice and support of the Medical Advisory Committee, which had been formed when first the danger of influenza was felt. Numerous were the meetings which that body held to assist the Government in the crisis. The Acting Chief Health Officer also received loyal support from his quarantine officers in the efficient performance of their duties.

As a result of their endeavour, Tasmania had the unique position of being the last spot on earth to be visited by the scourge. The epidemic came, but with diminished virulence. Tasmania only experienced one of the four waves which the other Australian States were subjected to. The onset was sudden, the spread rapid, affecting nearly half the community, but the termination was equally sudden. During the prevalence of the influenza neither the medical men nor nurses available were numerous enough to meet the demand of professional assistance. Many were themselves affected and upon the remainder fell such a burden of work that the three weeks of August, 1919, will be remembered by the medical profession as the blackest in their experience. May no such plague visit us again! Relief was sent from neigh-

[1] Delivered at the Annual Meeting of the Tasmanian Branch of the British Medical Association on March 9, 1920.

bouring States, but arrived when the disease was on the wane, and was of most use in clearing up the outlying centres of infection.

It is now incumbent upon us to prepare for the next attack and to do so we must utilize fully the experience gained during the first visitation. The news from abroad indicates that outbreaks of an extensive nature have occurred in Japan, in the United States and even so near as in New Zealand.

There should therefore be no delay in reconsidering the local scheme of defence which was drawn up last year and making such alterations as are necessary in the light of an increased experience. There can be no question as to the value of special hospitals for the treatment of severe cases. Our organization should make such provision that these institutions will be available in the early days of any epidemic and not merely when it is on the decline.

The value of vaccination, masks and quarantine are matters for a conference of experts to decide and whatever their decision may be, it should receive the support of the medical profession.

The year 1919 has seen the return to Australia of the bulk of the men serving with the Australian Imperial Force overseas. This has involved a considerable call on the time of the military medical officers in boarding, as it is of the utmost importance to have a true record of the state of health of every soldier on discharge and to decide the amount of pension to which any disabled man is entitled. This work is nearly completed, but the periodic review of pensions will have to be carried on for many years.

With the return of the Australian Imperial Force, nearly all the medical officers on service have come back and have settled down to their practices in Tasmania. It is a pleasing fact that with but few exceptions their health has not suffered as a result of the condition of their military service. One and all have sustained financial loss, but this was inevitable and will not distress men who were prepared to sacrifice more than money to live up to their ideals.

It is to be hoped that in the process of gathering together their former practices they may not have any cause to feel aggrieved towards their professional colleagues and the omen is propitious that at a recent meeting of this Branch a unanimous resolution was passed upholding the principle of preference to returned medical officers applying for appointments.

The year that has just passed will be remembered as the third year of the struggle of the Tasmanian Branch of the British Medical Association to vindicate those principles of hospital organizations which the collected experience of over a century has firmly established in almost every other part of the British Empire.

There does not appear to be much progress made in the solution of the difficulty. The Premier still prefers to act on political rather than expert professional advice and the British Medical Association are as united in their front as a year ago.

Even at this stage many of the public are still unaware of the aims and objects of the medical profession in taking their stand, so unfairly has our case been represented to them and so successful have our opponents been in suppressing every side of the question except their own. As a result, the man in the street was not unnaturally inclined to attribute to sordid motives only our refusal to give honorary service to the wealthy, but there are happily clear and increasing signs of a broader understanding of our position.

It is, I think, only a matter of time when the public must realize that our endeavour to render available at all times in the general hospitals the services of the leading physicians and surgeons of the day must, if successful, prove in the long run more beneficial to the community than the system of a permanent staff, whose standards of skill must necessarily vary from time to time.

The previous year closed with the enactment by Parliament of the *Medical Act, 1918*, an Act notorious for the unfortunate haste with which it was passed through both Houses of Parliament in the dying hours of the session and which has been called with justice a "One Man's Act," having been framed for the primary purpose of protecting an individual from the result of any irregularity on his part in obtaining registration. It, however, went much further than this and, by admitting the holders of degrees issued by the colleges of the United States of America, lowered the standard of the medical profession in Tasmania below that which obtains in all other parts of the Empire. This provision has the effect of inflicting an injury on the public by entitling to practise men who, according to the British standards, must be regarded as only partially qualified.

Further by admitting the degrees of numerous colleges which are unfamiliar to the Medical Council, it renders the detection of spurious diplomas a matter of extreme difficulty.

Under the circumstances, the desire of the Council of the Tasmanian Branch of the British Medical Association was to expose fully the value of the class of American degree which is likely to be presented for registration in a small community like Tasmania. They therefore decided to institute inquiries on their own account in connexion with the American diploma of a local practitioner, which they had previously asked the Medical Council to undertake, but which had been referred by the Premier to the abortive Royal Commission appointed by him. Your Council had declined to attend those proceedings as the Premier had in their view not only limited unfairly their scope, but had also refused to take any steps to render available evidence from America, in the absence of which it was obvious no genuine investigation could take place. It was therefore arranged that Mr. A. I. Clark, a well-known member of the Tasmanian bar, who was returning to Tasmania after serving with the Australian Imperial Force in France, should institute full inquiries in the United States.

The result of his inquiries are well known to most of you and are likely to be more widely known in the near future, but as the matter is *sub judice* I feel it is better left without comment.

It is sufficient to say that, as far back as August 13 of last year the whole of the evidence thus obtained was placed at the disposal of the Honourable the

Premier, as the Minister controlling medical organizations in the State, with the request to appoint a Royal Commission.

This was refused and it was not until towards the end of last year that the Premier was finally constrained to refer the matter to the Medical Council, with whom it at present rests.

The character of the inquiry, however, has been wholly changed by the amending *Medical Act* of 1919, which, like the principal Act, was passed without that consideration that the gravity of the subject merited.

Perhaps the most remarkable provision in the Act is the right given to a practitioner for whose removal from the register proceedings have been taken, to have the truth of disputed matters of fact determined by a jury. The granting of diplomas and the system of registration proceeds on the supposition universal in all civilized communities that the public required assistance to their judgement in the choice of professional services and that such an official scrutiny into the qualification of practitioners is a necessary security against the imposture or incompetency of mere pretenders to skill. This Act, by referring these questions back to a jury of citizens, stultifies the very principle upon which it is founded.

Another remarkable clause purports to render the services of the medical profession compulsory when required in consultation; failure to render such services without reasonable excuse is made a penal offence. This is but a clumsy attempt to coerce the large majority of the medical profession in Tasmania, but is perhaps venial in its absurdity.

In short, the *Medical Amednment Act* of 1919 is not a measure which reflects credit on the legislature and is one which will doubtless be materially modified in the not distant future.

I cannot close my address without reference to the arduous duties performed by all the members of your Council during the past year and expressing my personal appreciation of their help at all times. One could not help feeling the weight of responsibility on first taking the office of President and like Hamlet one sighed: "The time is out of joint: O cursed spite, that ever I was born to set it right!"

This feeling soon passed off, owing to the loyal support of the Council and the willing co-operation of all its members at all times. The number of meetings held have been large, frequently at short notice and at considerable personal inconvenience to its members.

In conclusion, I desire to thank all the members of the Tasmanian Branch for their forbearance towards my shortcomings as President and for that kindly feeling which has made my year of office one that I shall always recall with pleasure.

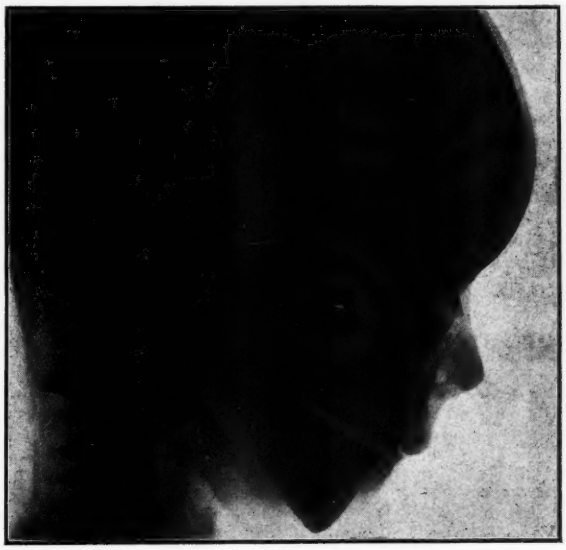
Reports of Cases.

FRACTURE-DISLOCATION OF CERVICAL SPINE IN A CHILD.

By **J. G. Edwards, M.B., M.S.,**
Sydney.

A woman was carrying her child in the dark, when she tripped and fell forward. She thought she had saved the child from injury, but the child cried on movements being attempted and complained of pains in the ears. No other symptoms were detected.

The child was four years of age.



A skiagram showed a fracture of the odontoid process of the axis, with a forward dislocation of the atlas.

During the induction of anæsthesia for reduction and fixation, the anæsthetist reduced the dislocation by suddenly pushing forward the lower jaw and extending the head. The patient made a good recovery, with only slight limitation of rotation.

Fractures of the cervical spine in adults are relatively common, but in children they are extremely rare. Of five cases seen by me during 1919, the youngest patient was 25 years. Roberts and Kelly ("Fractures," 1916) write that they have not seen a fracture of the spine in a child under 16 years, while Stimson states that they are extremely rare in childhood.

In 1908, at the Sydney Hospital, a case of fracture of the odontoid process, with dislocation forward of the atlas, was seen.

A CASE OF SUPPURATING HYDATID OF THE LIVER WITH MULTIPLE ABSCESSES: RECOVERY.

By **C. Gordon Shaw, D.S.O., M.D., B.S. (Melb.), F.R.C.S. (Eng.),**
Honorary Assistant Surgeon, St. Vincent's Hospital, Melbourne.

The following is a case of suppurating hydatid with secondary multiple abscesses in the liver which terminated in recovery:—

On October 7, 1919, I was asked by Dr. Denton Fethers to see with him Mrs. T., *æt.* 42. The history was as follows: About six weeks previously the patient became ill, with severe pains all over the abdomen and vomiting. The attack came on suddenly. The pain was very severe for three days and then eased off gradually. About the third or fourth day after the onset she noticed that her face and body were yellow; she remained jaundiced for two days. From that time she had a "nagging" pain all over the abdomen, but recovered in about a week to such an extent that she could do her housework. For the past five weeks she has noticed the abdomen gradually becoming swollen and she has suffered a good deal from flatulence. About three days before I saw her, she had another severe attack of pain and vomiting; she was compelled to go to bed. Her appetite was fair. The bowels acted regularly with medicine, but during the attack her motions were white. At the time of exam-

ination they were normal. The urine during the attack was very dark. She has lately been getting a little thinner.

Examination.—The patient was thin, but not cachectic in appearance; there was slight jaundice. The abdomen was uniformly distended. There was free fluid in both flanks. The right and left lobes of the liver were enlarged. The right kidney was palpable. There was slight rigidity in the right hypochondrium.

A diagnosis of hydatid of the liver was made and it was decided to operate as soon as the patient could be placed in hospital.

October 9, 1919.—Examination of the chest showed fluid in both pleural cavities.

October 16, 1919.—The left pleural cavity was explored and a small amount of fluid was drawn off for examination.

The pathologist reported on it as follows:—

Straw-coloured fluid containing fibrinous clot.

Red blood corpuscles fairly numerous, also cell elements.

Differential count of cells:—

Polymorphonuclear cells (many degenerate) 40%.

Lymphocytes 31%.

Large mononuclear cells 10%.

Eosinophile cells 5.3%.

Endothelial cells (pleural) 13.6%.

There were no micro-organisms in smears and no growth in culture after 48 hours.

October 17, 1919.—The patient had a bad attack in the evening, with dyspnœa and cyanosis. The temperature was 38° C. (100.4° F.), the pulse rate 112 and the respirations 48. The abdomen was distended, but not rigid. The extent of dulness in pleural cavities was increased. Half a litre of fluid was aspirated from the left side of the chest.

A leucocyte count showed 25.000 per c.mm., nearly all the cells being polymorphonuclear cells. No marked increase in eosinophile cells was found.

Examination of fluid drawn from the chest was the same as on October 16, 1919.

A diagnosis of suppurating hydatid of liver was made.

October 21, 1919.—The patient was considerably improved. An X-ray examination revealed the upper surface of the liver to be regular, but the right lobe was at a higher level than normal. Both costo-phrenic angles moved well with respiration. A small amount of fluid was found in both pleural cavities.

October 22, 1919.—Operation in St. Vincent's Hospital under ether anæsthesia. The abdomen was opened by an upper right rectus incision. The liver was seen to be considerably enlarged. There were about six nodules, 1.25 cm. in diameter, on the upper surface. One of these was excised for pathological examination; it was observed that pus trickled from the cut surface. This was closed by catgut sutures.

The upper surface of the right lobe was adherent to the under surface of the diaphragm, suggesting infection in this region, but it was not further investigated. On the under surface of the left lobe of the liver there was a large, tense swelling. This was aspirated and large quantities of pus drawn off, in which were degenerated hydatid cysts and membrane. This abscess cavity was then widely opened and mopped out. It was marsupialized by suturing the edges to the abdominal incision. A large drain tube was put in and the remainder of the abdominal incision was closed with catgut and silkworm gut sutures.

The subsequent history was uneventful. The condition was rather low for several days, but the patient gradually improved. The discharge was very copious.

Three days after the operation the patient was sleeping well and taking drinks well and was apparently out of danger.

A week later she was taking solid food and she left the hospital six weeks after the operation.

At the present time she is perfectly well, excepting for the persistence of a small sinus.

Dr. Andrew Brenan furnished the following report on the pus and the excised nodule:—

A smear of the pus was loaded with long chain streptococci and a few Gram-negative bacilli.

B. coli and *Streptococcus longus* were recovered in culture.

Report on Small Nodule from the Liver.—The greater portion of liver tissue in sections is replaced by loose fibrillar tissue, in which very few degenerate liver cells remain. This area is infiltrated with leucocytes and contains few foci packed with polymorpho-nuclear leucocytes, the largest focus having a necrotic centre with degenerating polymorpho-nuclear cells.

The remainder of the liver tissue is also infiltrated with leucocytes, both round cells and polymorpho-nuclear cells. The majority of the liver cells are swollen, granular or vacuolated and stain diffusely.

The bile ducts are almost occluded by lining epithelial cells, which have prominent, well-stained nuclei.

The vessels are dilated and to a large extent full of red blood cells, some being packed with polymorpho-nuclear leucocytes.

Diagnosis.—Acute suppurative hepatitis

Recovery in this case may have been due either to the fact that the infected bile ducts drained into the cavity of the suppurating hydatid, or to the fact that the foci of suppuration dried, and were subsequently organized. It is of interest further as illustrating the type of pleural effusion which may be found in such cases. The cell elements indicate that it was due neither to infection of the pleural cavity nor to venous obstruction.

I have been able to find records of only two cases of multiple abscess of the liver or suppurative cholangitis terminating in recovery.

One was a case operated on by Treves (1), who merely opened the abdomen, diagnosed the condition and closed it up without further interference.

The other was a case reported by McArthur (2), who attributed the recovery to the employment of an autogenous vaccine.

References.

(1) Treves, Osler's "Practice of Medicine," 6th Edition p. 567.

(2) "Treatise on Regional Surgery," Binnie, Vol. II., p. 321.

AN UNUSUAL CONDITION.

By **C. Joyce, M.B. (Melb.),**
Pinjarra, Western Australia.

Early in January, 1920, a girl, aged 14 years, was brought to me by her aunt on account of a painful swelling of the vulva. On inspection there appeared to be a much enlarged clitoris, protruding from the vulva. It was not inflamed, but was very tender to the touch. There appeared to be a distinct corona and the swelling seemed to consist of two halves grown together. The nurse was instructed to paint the parts with a solution of cocaine and to wash away some dried blood (from her first menstrual period) and some woolly fibres (from the clothing). It was seen on further examination that the swelling was continuous with the labia on both sides; the appearance of a glans and corona was due to a fissure encircling the swelling. At the bottom of the fissure there was a thread. This was divided and the nature of the swelling was immediately disclosed. The most prominent portion of the labia had been tied together by a ligature of human hair, which had cut deeply into the tissue. At one situation the hair was lying in a canal formed by the healing of the wound superficial to it.

The girl stated that she was "always like that." She did not remember anything having been done to her. Her aunt, however, informed me that the mother was insane and formerly ill-treated the child. She had been dead for several years. Perhaps her disordered mind conceived an idea of keeping her daughter chaste.

The Medical Council of Tasmania held a further meeting on March 25, 1920, to inquire into the validity of the diploma on which Victor Richard Ratten secured registration in 1907.

At a meeting of the Committee of Management of the Melbourne Hospital held on March 23, 1920, it was resolved that the appointment of physicians to the Out-Patients' Department made on January 27, be not disturbed.

The Medical Journal of Australia.

SATURDAY, APRIL 3, 1920.

The Flowing of the Tide.

In the course of his philosophical address delivered at the annual meeting of the New South Wales Branch, Dr. F. P. Sandes, the retiring President, has thrown out some suggestions which will be received by the medical profession with mixed feelings. Some of the underlying ideas may be hastily brushed aside by those who are not prepared to read the writing on the wall. The words have been spoken and the ideas will remain. No attempts to erase them from our memory will avail. Little by little these ideas will gain adherents until at last what may have appeared to be idealistic platitudes, will assume the shape and proportions of practical proposals to be considered with earnestness and serious attention by the profession. Dr. Sandes has performed a signal service in introducing these ideas to the medical profession of the Commonwealth.

It will be noticed that a governing principle has influenced Dr. Sandes in the majority of his interesting proposals. He takes heed of the direction of the tide and strives to use its impelling force to gain his objectives before the ebb sets in. To-day we recognize that the medical profession exists for the benefit of the public and that its important duties are those involved in preventing ill health. The suggestion of a general co-ordination of the energies of the medical profession to establish an army medical service prepared for war emergencies, is supplemented by the further proposal that there should be a Federal Minister of the Red Cross, whose department should be charged with the work of co-ordinating preventive medicine. The question of a conscript army of doctors for war service will occupy our attention at a future date. The Minister of Defence has given an undertaking to consult the Federal Committee of the British Medical Association in Australia before the scheme for the reconstruction of the Australian Army Medical Corps is finalized. The complementary proposition may be considered separately, although the sequence would thus be somewhat illogically reversed. The main difficulty in connexion with the institution of a Federal Ministry of the Red Cross, of Public Health or of Preventive Medicine is that of emancipating it from political control. It will be remembered that the Federal Committee at its meeting in February of this year advocated the creation of "a Commonwealth Department of Public Health with a professional permanent head under the control of a Minister of Public Health without other portfolio." The establishment of this ministry would be unavailing if the defects inherent in the present system of State ministries were perpetuated. Unfortunately, our existing parliamentary machinery does not admit of a ministry which is not subject to political domination and to the dictates of the party. In the United Kingdom the Minister of Health at the present time is a medical practitioner, who is prepared to act without fear or favour in the interests of the community. This represents at all events a temporary safeguard, but there is no guarantee of a permanency of the practice, nor is it to be expected that when the principles of preventive medicine stand in conflict with the declared policy of the party, even the present Minister could over-ride his colleagues in cabinet. It is abundantly evident from the history of politics in every country that it is impossible under existing conditions to remove the control of public health administration from political hands, as long as a minister of the cabinet occupies the supreme position. There is an alternative which would avoid these inherent defects. A Federal department of preventive medicine might be entrusted to the control of a permanent commission or board. The members of this commission could be selected on account of their knowledge of public health administration and of the work of prevention of disease and invalidity. The value of such a commission would be all the greater, if it were free of parliamentary control and party politics. The commission would be brought into contact with parliament either if fresh legislation were required to enable it to carry out its functions more efficiently and with greater dispatch, or if the polity of its actions were challenged. Fine sounding schemes connected with health matters would disappear from the speeches of the leaders of the parties or those holding ministerial office. With a carefully chosen and earnest body of

men acting as commissioners the professional head of the department could achieve much more than is possible under the restraining influence of a political master. The question of finance might give rise to some difficulty, but ways and means could be devised to overcome them. Possibly a separate health tax might be imposed, just as in Great Britain the local authorities levy a poor law tax.

Success would depend on the collaboration of the whole medical profession in the work of prevention. Dr. Sandes's conscript army of medical practitioners would provide the introduction. The student entering the medical profession does so voluntarily. He should recognize that he has undertaken a solemn and serious service by entering the profession and he should hold himself available for any duty demanded of him in the public weal. The keen medical practitioners would accept the compulsion willingly and without resistance. That the medical profession is prepared to accept a half compulsory, half voluntary service is revealed in the fact that three-quarters of its members voluntarily asked to be conscripted during the war. A body of men who will do this, will be prepared to accept a public duty involving an improvement of the health of the community with evident satisfaction. If the commission of preventive medicine can be formed, the medical profession will stand solidly behind it.

EXPLOITING THE PATIENT.

In November, 1919, the Minister of Trade and Customs imposed by proclamation certain restrictions in regard to the importation of a number of articles in common use. Included in the list of substances that could not be imported except under licence granted by the Minister, were absolute alcohol, amylic alcohol, collodion, ether, including sulphuric and anæsthetic ether, carbolic acid, cresylic acid, sodium hyposulphite, ethyl chloride, sodium sulphate and bacteriological products and sera. We were concerned at that time chiefly with the bacteriological products and sera, because the pure chemicals are produced commercially by firms of high standing, both within the Commonwealth and without, and there did not appear to be any immediate risk of a shortage of any of the commodities named. The position in regard to the products of the bacteriological laboratory is quite different. In the first place these substances are held to be specific and in many instances, their early application in the treatment of disease may result in the saving of life. In the second place the standard of excellence of the preparations varies very greatly. The final arbiter of the value of vaccines and sera is the medical practitioner who uses them. We claimed that any action on the part of the customs authorities which would lead to an embarrassment of medical practitioners in their endeavour to save life, is intolerable. It was evident that the object in view at that time was to gain for the Commonwealth Serum Laboratories an advantage over other commercial firms supplying the world's market with vaccines and sera. In ordinary commerce this argument would receive the support of Australians, but when an attempt is made to create a monopoly at the possible expense of human lives, it is necessary to indulge in plain speaking. The result of our protest was a concession of a meagre kind. British and foreign firms were informed that they would be allowed to introduce into Australia under licence one half of the quantity imported by them during the year ended June 30, 1919, of those products which were prepared at the Commonwealth Serum Laboratory, while an unlimited licence would be granted for all other bacteriological products and sera. A single example will show the significance of this so-called concession. The products of the Lister Institute of Preventive Medicine are regarded by many practitioners as preferable to all others. It so happened that owing to the exceptional demands on this Institute during the whole course of the war, the importation of its products into Australia had practically ceased. We were compelled to do without these excellent sera and vaccines, so that the requirements of the armies in the field might be met. Thus in the year ended June 30, 1919, little or no serum from the Lister Institute found its way to our shores. But we had a right to anticipate a restoration of the supply to its pre-war condition. The restrictions prevented us from receiving this supply.

On March 25, the protection tariff was issued and the Federal Parliament is now being asked to sanction it. As far as bacteriological products and sera are

concerned, the transparent excuse that the restrictions were imposed to prevent "dumping," has become a matter of interesting history. Since March 25, 1920, no licences are required for any of the prohibited imports. If the tariff is accepted, bacteriological products and sera will be divided into two groups by departmental by-laws. It is assumed that class (*a*) will include all those products which are not manufactured or prepared at the Commonwealth Serum Laboratories or any laboratories that may be established in the future within the Commonwealth. The products coming within this group can be admitted free of duty from the United Kingdom, while on those from other countries a 10% duty will be imposed. The intermediate tariff, as far as these goods are concerned, has no application, as will be explained below. Group (*b*), we conclude, will be those products which are manufactured or produced in Australia. Goods of this kind from the United Kingdom will be admitted with a duty of 30%, while those prepared elsewhere will be subject to a duty of 40%. In other words, anti-diphtheritic serum, to select an example from the preparations issued by the Commonwealth Serum Laboratories (see *The Medical Journal of Australia*, December 27, 1919, page 555), of British origin will be obtainable in Australia at a cost of 30% more than at present and anti-diphtheritic serum of American origin at a cost of 40% in advance of the present price. The Commonwealth Serum Laboratories is issuing diphtheria antitoxic serum of excellent quality. The confidence of the medical profession in this preparation is rapidly being established. It must, however, be recognized that this preparation has not been long enough available to have secured preference over Lister Institute antitoxin or the preparations of the great British or American firms. Moreover, the supply of the Commeanwealth Serum Institute has not yet been shown to suffice for the whole of Australia's needs. There is certainly not enough to admit of this demand being covered and any considerable quantity being exported to America. It is therefore excluded that America will be prepared to enter into a reciprocal arrangement with Australia to obtain a 5% concession of customs duty, when the benefit would be born exclusively by the Australian public. Antitoxin is necessarily an expensive preparation. A single dose of 10,000 units of Lister Institute serum cost 12s. 6d. in England before the war. The price in future in Australia will be at least £1. Mulford's concentrated antitoxin has hitherto cost £1 and under the new tariff the price will be advanced to £1 10s.. Parke, Davis & Company's antitoxin has been retailed to the medical profession at 15s., but in future the price will be about £1 3s.. The price of the Commonwealth Serum Laboratories' antitoxin is and remains 9s. 6d. and that of concentrated antitoxin 13s. 6d.. It must be remembered that it is frequently necessary to give 50,000 or 60,000 units or more to one patient. This taxation of British and foreign products would not be a matter of serious importance, were it unchallenged that the antitoxin of Australian production were as good as, or better than, any other preparation. It must be remembered that the tariff will not result in increased sales of Commonwealth serum. Nothing can effect this save the demonstration of the excellence of this preparation. Moreover, it would not need a tariff to impel medical practitioners to order Commonwealth serum, if they were convinced that its life-saving qualities are as high as those of the imported brands. In the absence of evidence of this degree of excellence the doctor will regard it to be his duty to order an imported serum and his patient, possibly a poor person, will have to pay the increased price. Hospitals to-day are groaning under a heavy burden of enhanced cost of everything and reluctance on the part of governments to dole out subsidies. An increased price of antitoxin would hit the hospitals more severely than private patients. The medical profession, as a whole, has no political opinions and consequently it would be beyond our functions to discuss the merits or demerits of protection as compared with free trade. But when the authorities endeavour to feed the treasury out of the pockets of those who are unfortunate enough to be infected with a disease like diphtheria, it becomes our duty to question the wisdom of the extension of the principle of protection to life-saving preparations.

We claim that the imposition of a heavy duty on bacteriological products and sera from abroad is unjustified both from the point of view of helping our Commonwealth Serum Institute to increase its business and from the point of view of filling the coffers of the Federal Government. The Commonwealth

Serum Institute, we are convinced, will justify its existence and earn a reputation for the excellent quality of its products. But this reputation must rest on open competition with the celebrated laboratories of the world. The Treasury has been badly advised in this connexion, and should lose no time to remedy the mistake of asking hospitals and people who are ill, to bear a larger burden than is absolutely necessary.

ARSENO-BENZOL DRUGS IN SYPHILIS.

Very few crucial experiments have been carried out to ascertain the exact value of the drugs in common use in the treatment of syphilis. The majority of clinicians have been satisfied to employ mercury and the organic arsenical preparations, together with other local or general measures, and to rely on general impressions to guide them in forming an opinion concerning the value of the combined treatment. It is often held that once the conviction is gained that patients do well under a more or less complicated system of treatment, the clinician is not justified in applying a crucial experiment. While there may be some risk to the patient of a delay in progress toward recovery as a result of the application of the experiment, he would certainly not suffer more than temporary inconvenience and the gain accruing to the mass of those suffering from syphilis, would be very great. At present it is quite evident that the arseno-benzol drugs are capable of curing a syphilitic infection. It is equally evident that they do not always lead to a cure. There is less distinct evidence that mercury is capable of effecting a complete cure of the infection, although the clinical records of many years reveal that symptoms and signs disappear, as a rule, under its influence. Evidence is required as to the most effective method of applying arseno-benzol. It is also necessary to discover the causes of failure with these drugs. In the next place clinicians should produce data to demonstrate the effect produced by the addition of mercury to arseno-benzol treatment and by the addition of arseno-benzol to mercury treatment.

There is only one certain sign of cure in syphilis. If an infection, definitely proved to be syphilitic by the discovery of the *Spirochaeta pallida*, is treated until all signs and symptoms disappear and the patient subsequently acquires a second syphilitic infection, the cure is established. Indirect evidence of a strongly presumptive character resides in the change from a positive to a negative complement deviation reaction obtained with the patient's serum and cerebro-spinal fluid, provided that the reaction remains negative in repeated tests spread over a relatively long period of time and provided that what is known as a "provocative" injection of an arseno-benzol drug is administered. Unless these biological tests are carried out with intelligent criticism and pertinacity, no reliance can be placed on their results. The crucial test of the curative value of any drug in the treatment of syphilis consists in its exclusive application in a sufficiently long series of cases without variation of dose, of intervals between the doses and of the brand of therapeutic preparation. There is one frequent fallacy in regard to a constant dose. It is quite usual to give let us say 0.45 gramme as a constant dose to all patients. If a man, weighing 75 kilograms (11 stone 11 pounds), is given 0.45 gramme of arseno-benzol, the dose is equivalent to 6 mgrs. per kilogram body weight. But if a man weighing 60 kilograms (9 stone 6 pounds) receives the same dose, he is given 7.5 mgrs. per kilogram body weight. This represents 25% more than the heavier man receives.

Dr. P. Fildes and Dr. R. J. G. Parnell have set themselves the task of estimating the value of a single course of treatment of syphilitic infections by means of six doses of 0.45 gramme each of neo-salvarsan, or one of its substitutes, with intervals of three days.[1] Since the observations were carried out at Haslar Hospital on Naval patients, they had ample opportunity for selecting men for their series. Notwithstanding the claims made in the introduction concerning the exclusion of vitiating cases from the series, they fail to fulfil even their own conditions. They use the term "914" to indicate all drugs of the nature of neosalvarsan. The admission of more than one brand of preparation is a serious defect. In the next place, many of the patients had received drugs like mercury, galyl, etc., before the test treatment. Some of them were given an injection of 0.9 gramme of the neo-salvarsan drug. The patients are grouped into four divisions. In the first are those who have an inoculation lesion, but whose serum has not yet yielded a positive Wassermann reaction. The second division includes men who have an inoculation lesion or a history of such a lesion, but no other sign of general infection except glandular enlargement. The serum of these men give a positive Wassermann reaction up to 18 months from the date of infection. In the third division are men who manifest signs of a general infection. Their serum yields a positive Wassermann reaction up to 18 months from the date of infection. The fourth and last division embraces men whose infections date back more than 18 months. There were 44 patients in the first group, 128 in the second, 144 in the third and 29 in the fourth. Although the weight of the patients is not given, it may be assumed that it varied very considerably. Probably more than one of the 345 men weighed 100 kilograms (15 stone 10 pounds), and it is not unlikely that at least one turned the scales at 50 kilograms. The dose received would be equivalent to 4.5 mgrs. per kilogram body weight in the one, and 9 mgrs. in the other. In some instances the authors admit that the nature of sores was doubtful. The fact that the diagnosis was not determined in every case by the finding of the *Spirochaeta pallida* lays the authors open to criticism concerning their claims of complete cures. Of the 44 patients in the first group, five ultimately became reinfected. None of the patients suffered a relapse of symptoms during a period of four months, and in none did the serum yield a positive Wassermann reaction. If these cases were actually syphilitic, the results would be extra-

[1] An Investigation into the Ultimate Results of the Treatment of Syphilis with Arsenical Compounds, by Honorary Surgeon Lieutenant-Commander P. Fildes and Surgeon Lieutenant-Commander R. J. G. Parnell. Medical Research Committee, National Health Insurance, Special Report Series, No. 41, 1919.

ordinarily strong evidence of the power of six doses varying between 4.5 mgrs. and 9 mgrs. per kilogram body weight of neo-salvarsan or its substitutes to effect a cure. Of the 128 patients in the second group, two ultimately became reinfected. In seven a clinical relapse occurred, while in five others the Wassermann reaction again became positive. In 16 patients the treatment failed to convert the positive Wassermann reaction into a negative one. The authors admit that the treatment failed in 28 patients, *i.e.*, in 21%. Of the 144 patients of the third group seven became reinfected, while nine suffered clinical relapses; the Wassermann reaction remained positive in 18, and after having been negative, again became positive in a further 8. The failures, therefore, numbered 35, or 23%. None of the 29 patients of the fourth group became reinfected, while failure occurred in 21 instances, *i.e.*, in 72%. They claim that relapses did not occur later than seven months after the termination of the treatment in the second group of patients, nor later than nine months after the termination of the treatment in the third group. The observations need confirmation under stricter conditions before the conclusions drawn can be accepted.

The authors discuss in a second communication[2] the significance of what they term the "toxic" reaction to neo-salvarsan. They claim to have been the first to show that the fever following injections of salvarsan in the early days was frequently due to bacterial protein in the water used to dissolve the drug. This claim is unjustified. Hort and Penfold first pointed out that water from the ordinary stills contained a pyrogenic substance derived from dead bacteria. That Dr. Fildes and his collaborator do not grasp the significance of the matter is shown by the fact that they advocate the use of water taken from the drip of an ordinary still for intravenous injections of the arsenobenzol drugs. The fever produced in their patients was obviously due to impurity of the water collected in this manner. It is inconceivable that the drug could produce a pyrexial reaction under any conditions. They admit that pyrexia occurred in approximately 85% of their patients. With water carefully distilled in a properly constructed still, no pyrexia follows, and the so-called toxic reactions become rare and of a very different character to those described by these authors.

HYDATID EMBOLISM.

It has long been known that hydatid cysts may rupture and their contents may escape into the peritoneal cavity, into blood vessels or into the bile passages. In his admirable article on multilocular hydatid disease, published in our issue of January 24, 1920, Dr. C. E. Corlette suggested that secondary hydatid infestation of the lungs, of the peritoneal cavity and of bone might be due to seeding from a primary focus. He referred to a case quoted by James Graham in his book "Hydatid Disease in its Clinical Aspects" (1891). A strong, powerfully-built man, of 28 years, lying in a park, was seen to turn over and was found apparently dead almost immediately afterwards. When he arrived at the Royal Prince Alfred Hospital, the man was still breathing, although the respiration was shallow and irregular. The radial pulse was imperceptible and the skin was livid and cold. He died within a few minutes of admission. At the post mortem examination two hydatid cysts were found on the under surface of the liver. "The smaller one was filled with dark fluid blood and was attached to the portal vein at its sinus, where and into which it had ruptured." Death in this case was due to the hydatid embolus. In a recent article, Dr. A. D. Pitts describes the case of a child of five years, who fell while playing and after walking a distance of 30 metres, climbed on to her mother's knee and died.[1] At the post mortem examination two hydatid cysts were discovered in the liver. The larger of these cysts was lying in relation to the diaphragm and the inferior *vena cava*. It contained about 120 c.cm. of fluid blood. There was a communication with the *vena cava* through a rupture measuring about 2 cm. in length. In the heart was found a cyst, which had escaped through the rupture into the *vena cava* and had been arrested in the right cavities of the heart. In both these cases the embolus was large and led to sudden death. Direct evidence of the passage of hydatid contents through the ruptured adventitial investiture of the hydatid cyst into a large blood vessel and thence through the heart into the lungs is not yet available. Practitioners who have the opportunity of observing cases of pulmonary hydatid disease, should look for evidence after death of a previous rupture of the primary cyst into a blood vessel.

[2] A Clinical Study of the Toxic Reactions which follow the Intravenous Administration of "914," by the same authors. Special Report Series, No. 41.

[1] *The New Zealand Medical Journal*, August, 1919.

THE HEALTH ACT, VICTORIA.

The Health Act, 1919 (Victoria), came into force on March 24, 1920, on the publication of the *Victoria Government Gazette* of that date of the appointment of the following members of the Commission of Public Health:—

Dr. Walter Summons, O.B.E..
Dr. W. S. Newton.
Mr. R. de C. Wilks, J.P. (representing the metropolitan municipalities).
Mr. J. H. Curnow, J.P. (representing cities, towns and boroughs other than metropolitan municipalities).
Mr. J. Hancock, J.P. (representing shires other than metropolitan municipalities); and
Mr. B. A. Smith, M.C.E..

The Chairman of the Commission is Dr. E. Robertson, who was the Chief Health Officer under the old Act. The members of the Commission will be paid £2 2s. for their attendance at each meeting, with a maximum of £120 per annum, in addition to travelling expenses. The responsibilities attaching to these positions are very great and considerable expert knowledge is required in order to guarantee the best administration of a somewhat complicated measure. The Minister is to be congratulated on his choice of members of the Commission. The main points of the Act and of the regulations will be dealt with at a future date.

At the final examination for the degrees of Bachelor of Surgery and Master of Surgery recently held at the Sydney University 49 examinees succeeded in satisfying the examiners, while 69 failed. This represents the unusually high proportion of failures of 58.4%.

Abstracts from Current Medical Literature.

SURGERY.

(113) The Bleeding Type of Gastric and Duodenal Ulcer.

D. C. Balfour (*Journ. Amer. Med. Assoc.*, August 23, 1919) discusses the treatment of recurring hæmorrhages caused by gastric or duodenal ulcers. He finds that 25% of gastric and 20% of duodenal ulcers are complicated by one or more gross hæmorrhages. Gastro-enterostomy alone will not secure immunity against future bleeding; direct attack on the ulcer must be added. The radical treatment of gastric ulcer was originally adopted because of the fear of the ulcer becoming malignant. In duodenal ulcer this danger did not exist. Statistics from the Mayo Clinic over a number of years show that recurrence of hæmorrhage after operation was more marked in the case of duodenal ulcers. Further, in not one of 83 cases of duodenal ulcer in which direct treatment was used, was there any recurrence of hæmorrhage. Balfour advocates excision by the cautery combined with gastro-enterostomy. A most important point in the technique is the exposure of the peritoneal side of the ulcer. Frequently the minute opening of a chronic perforation can be disclosed and then a probe can be used as a guide for the cautery. Cauterizing is kept up till an opening as large as the crater is made.

(114) Abdominal Surgery and Local Anæsthesia.

R. E. Farr (*Journ. Amer. Med. Assoc.*, August 9, 1919) discussing local anæsthesia in abdominal surgery, maintains that procaine used locally is safer than general anæsthesia. Further, while the latter causes turgescence of vessels, local anæsthesia, especially if epinephrin be added, gives a greater control over bleeding. There is also a more placid condition of the patient and an absence of those wide excursions of the diaphragm which embarrass the surgeon. Trauma is less because the operator must be more gentle. Since hæmorrhage and trauma are less, shock is not so common. The excess of time demanded by local anæthesia is counterbalanced by the value obtained from the more deliberate work and the greater attention to detail. He uses 0.5% procaine in Ringer's solution with fifteen drops of epinephrin to 100 c.cm.. Direct infiltration of all the abdominal layers is performed before starting the incision. He has discarded the syringe and uses a pneumatic injector, which enables him to infiltrate completely in two or three minutes. The abdomen is opened, on an average, five to seven minutes from the beginning of anæsthesia. The vomiting which occurs in 5% of cases, is a disconcerting feature and there is a disadvantage in the difficulty of making a wide exploratory examination with the hand.

(115) Internal Piles.

W. Ernest Miles (*Surg., Gynec. and Obstet.*, November, 1919) defines an internal pile as a conglomeration of blood vessels in the sub-mucous tissue of the anal canal and lower part of the rectum, which have become enlarged and tortuous and of which the coats have undergone pathological change. The division into arterial, venous and capillary is artificial. Three stages are recognized: The small pile, with healthy mucosa prone to bleed; the protruding but spontaneously reducible pile, which bleeds less readily; and the markedly protruded pile, which requires manual reduction. When all the piles are developed there are usually seven, but in 70% of cases there are only three or four. The primary piles are the right anterior, the right posterior and the left mid-point. As a result of the congestion from piles fibrous induration developes in the form of a circular band surrounding the anal canal and this is known as "the pecten band." This causes a difficulty in emptying the rectum completely during defæcation and a reduced calibre of the stools. The absolute indications for operation are copious and recurring hæmorrhages and uncontrollable protrusion. The ligature method of operation is preferred.

(116) Snapping Hip.

Four cases of snapping hip due to fascial anomalies are described by L. Mayer (*Surg., Gynec. and Obstet.*, November, 1919). Zur Verth first called attention to a longitudinal thickening of the *fascia lata* running from the iliac crest just posterior to the margin of the great trochanter and named it the *tractus cristo femoralis*. Factors in the causation of snapping hip may be an abnormal thickening of this tractus, abnormal prominence of the trochanter and an abnormal relaxation of the *gluteus maximus*. The fascial tract when the thigh is flexed, is rendered taut by the trochanter passing backwards and is made tense just as the bow string of an archer is tightened. When a certain degree of flexion is reached the fascial band slips forward with a snap. The non-operative treatment consists in overcoming the relaxation of the *gluteus maximus* by adhesive strapping or a spica bandage. A mechanical contrivance can be used to prevent the adduction which is a necessary step in the production of the snap. Operative treatment consists in dividing the tract and suturing the two edges of the incision to the bone to prevent re-union.

(117) Hour-Glass Stomach.

A. J. Walton (*Surg., Gynec. and Obstet.*, September, 1919) comments on the unsatisfactory results of the treatment of hour-glass stomach as compared with those of gastric ulcer. The condition is usually due to ulcer of the lesser curvature. Double gastro-enterostomy is recommended by Sherren and Paterson; a loop as near as possible to the duodeno-jejunal flexure is anastomosed to the cardiac pouch and a loop further along joined to the pyloric pouch. If the causal ulcer is adherent to the pancreas, it may be necessary to perform the gastro-intestinal anastomoses in front. The long loop of jejunum that has to be brought through the meso-colon, necessitates a large opening in this structure and may cause pressure on the middle colic artery and later obstruction. The two essentials for successful treatment are efficient drainage of both pouches and cure of the causal ulcer. Walton recommends two methods: (1) Excision of the whole pyloric pouch and the neck of the constriction, with implantation of the jejunum into the cardiac pouch. This should be performed when the constriction is malignant. (2) Excision of the ulcer, pyloric occlusion and posterior gastro-enterostomy, in non-malignant cases.

(118) Röntgen Rays in Carcinoma of Spine.

The use of deep X-ray therapy in secondary carcinoma of the spine is advocated by G. E. Pfahler (*Surg., Gynec. and Obstet.*, September, 1919). The preoperative use of X-rays in carcinoma of the breast is also advised and again after operation a series of exposures every month for five or six months. His contentions are based not merely on clinical experience, but also on experimental work done on an adeno-carcinoma in a mouse. Four clinical cases are cited, in which secondary carcinoma of the spine was present, following a primary breast carcinoma, and all these patients under X-ray treatment showed marked improvement symptomatically.

(119) Traumatic Rupture of Intestines.

In reporting a case of traumatic rupture of the intestine, W. H. Battle (*Lancet*, July 19, 1919) draws attention to the occasional rise of temperature in these cases, even to 39.5° C., when other symptoms are not well marked. This pyrexia should be regarded as indicating a definite lesion of the intestinal wall, requiring immediate repair. The abdomen is usually immobile, but there is seldom dulness in the flanks. If dulness is present, it is usually due to hæmorrhage from the mesentery, spleen or liver. The presence of free gas seems to be a rare condition. Loss of liver dulness indicates a late stage and a bad prognosis. Emphysema of the abdominal wall, without fracture of ribs, indicates a lesion of the duodenum or the large bowel. In operating, a large incision is recommended, extending from above the umbilicus. Blood or fluid is washed away by moist sponges and a search made for the bleeding point. Lesions of the upper part of the jejunum are difficult to find and those of the duodenum cause anxiety, owing to the excessive shock accompanying them. A large laceration in the intestine may be sutured or resection and anastomosis may be necessary. A double layer of silk sutures is recommended and a supra-pubic stab incision above the pubis for drainage.

GYNÆCOLOGY AND OBSTETRICS.

(120) Extra-Uterine Pregnancy.

Gordon Ley (*Proc. Royal Soc. of Med.*, August, 1919) describes the two cases of full-time extra-uterine pregnancy. The first patient was 36 years of age. Amenorrhœa had lasted from December, 1911, till October, 1912. The abdomen was enlarged as during pregnancy till the latter date; since then it had gradually become smaller. In June, 1918, the abdomen was opened and after the adhesions had been separated, the whole sac was removed, together with the left tube and ovary. The recovery was uneventful. The second patient, aged 28, was operated upon three weeks after the death of the fœtus. Attached to the right side of the uterus was an enormous mass covered entirely by peritoneum and showing large vessels coursing over it. The pelvic colon was firmly adherent to the back of the tumour for a considerable distance. It was found to be impossible to save the uterus, which was removed by supervaginal amputation, together with the sac. A large amount of blood escaped during the separation of the sac and a portion of the sac was left adherent to the pelvic colon and rectum. The patient recovered, but developed a right utero-cervical fistula. Commenting on the tabulated results from 100 cases, the author considers that the child, if alive, is worth saving, if it can be done without endangering the life of the mother; in view of the great risk of septic infection of the sac, the operation should not be delayed even after the death of the child. With regard to the type of operation, removal of the sac is undoubtedly the ideal treatment when it is possible. In those cases where removal of the sac is impossible, marsupialization of the sac with removal of the placenta and drainage of the sac, or plugging of the sac with gauze should be carried out. In those cases where attempts to remove the placenta cause profuse hæmorrhage, the sac should be marsupialized, packed with gauze and the placenta allowed to come away piecemeal. In the discussion following the reading of this paper, Arthur Giles recommended that operation be delayed for some weeks after death of the child. F. J. McCann emphasized two important principles: (*i.*) preliminary ligature of the chief vessels supplying the placenta and fœtal sac, and (*ii.*) rapid separation of the placenta. Lapthorn Smith held that the placenta should be left *in situ* after the rapid extraction of the child, as it formed a natural plug for the bleeding sinuses and gradually became absorbed.

(121) Uterine Cancer.

Frank W. Lynch (*California State Journ of Med.*, February, 1920), considers cancer of the cervix the main problem of uterine cancer, as so few cases are cured compared with cancer of the body. Leucorrhœa and hæmorrhage are the only symptoms of operable cervical cancer. Bleeding often does not occur until after the case is inoperable, as in the great majority the growth inverts and infiltrates. Eversion with consequent earlier hæmorrhage only occurs in about one tenth of the cases. In marked contrast to malignant disease of the breast, ulceration is the almost universal rule and swelling of the lymphatic glands is frequently due to septic absorption. He considers that the operation of Ries is alone perfect in theory, since it removes the glands as the primary step of the operation, a method most necessary, since cancerous glands can be recognized only by serial microscopical sections. The radical operation calls for the removal in one piece of the uterus, tubes and ovaries, one half of the vagina and the parametria as far as the lateral pelvic walls after isolation of the ureters. When complete removal is not possible, the patient should not be subjected to any operation. There is no doubt that the complete radical operation is a very formidable one and it has a fixed primary mortality as well as much morbidity. Experience with radium convinces the author that early growths are to be treated by extensive removal and all others by radium which has no equal as a palliative measure. Whether radium cures or not may be an open question. It is more than likely, however, that early cases alone permit of cure, be the treatment what it may. In his experience radium does not do much for the improvement of cases in which a simple hysterectomy has been performed and there is an immediate recurrence.

(122) Pelvic Inflammations.

H. N. Rafferty (*Illinois Med. Journ.*, January, 1920) considers that increasing experience in the management of pelvic inflammations has induced gynæcologists to adopt an increasing conservatism. Surgery has very little place in the treatment of the acute pelvic conditions, with possibly three exceptions. These are: (*i.*) the opening of abscesses; (*ii.*) the removal of the appendix in cases resulting from infections of that organ, providing this can be safely done; and (*iii.*) the ligation of infected, thrombotic pelvic veins in cases of puerperal pyæmia. Acute inflammation of the tubes, pelvic peritoneum and cellular tissues, either puerperal or gonorrhœal, are best treated by absolute rest in bed, vaginal douches, abstinence from food and the avoidance of catharsis. If such an infection does not become quiescent under rest and palliative measures, drainage should be instituted, preferably through the vagina. Many patients after suitable drainage will completely recover and go through future pregnancies and labours. If pelvic symptoms persist after the temperature reaches normal, an abdominal operation is both necessary and safe. The author has had no personal experience with the ligation of pelvic veins, but considers that in these cases it should be given serious consideration.

(123) Ectopic Adenomyoma of Uterine Type.

A. E. Mahle (*Journ of Laborat. and Clin. Med.*, January, 1920) reports ten cases of growths containing glandular portions resembling typical uterine mucosa surrounded by a fibrous connective tissue and smooth muscle stroma. In four cases the growth occurred in the recto-vaginal septum, in two cases in the abdominal wall, in two in the groin, in one in the umbilicus and in one in the sigmoid. Pathologically extra-uterine adeno-myomata are identical in appearance, wherever they are found, they are solid, fibrous and of a light grey colour. Here and there white bands extend into the tumour substance, whilst between these bands are areas, dark brown to almost black, varying in size from that of the head of a pin up to cystic areas 1 c.cm. or more in diameter. Clinically these tumours give rise to no characteristic group of symptoms. Their slow growth suggests benign tumours. Further, the occasional relation to the time of menstruation of pain or swelling of the tumour or, less frequently, a bloody discharge, should be very suggestive of adeno-myoma. All the cases occurred in patients between the ages of 29 and 50. Pregnancy had no influence, for six of the cases occurred in nulliparous women. The origin of these tumours is at present obscure. More extensive work on the embryology of the genito-urinary tract will solve this interesting problem.

(124) Fracture of the Pelvis.

J. Andérodias (*Journ. de Méd. de Bordeaux*, October 25, 1919) reports the following case: A patient, aged 34, was thrown out of a carriage when she was 21 and received a fracture of the left side of the pelvis, which was treated by immobilization for five months. She married and her first pregnancy was terminated by the induction of abortion at the fourth month. During the second month of her second pregnancy she consulted the author, who found that there was a large, bony projection, extending from the ilio-pectineal eminence to the sacro-iliac synchrondrosis, which would prevent the birth of a child by the natural passage. He advised Cæsarean section at term. After five hours of labour pains the head was above the brim, so Cæsarean section was performed. Both mother and infant did well and were discharged from hospital in three weeks.

(125) Uterus Bicornis Unicollis.

E. L. Cornell and W. C. Earle (*Surg. Gynec. and Obstet.* November, 1919) report a case of *uterus bicornis unicollis*, with two ova implanted in one horn and a fibroid growth in the other. The patient, aged 36, had had four children and one miscarriage. Her last period occurred two months previously and she had had irregular hæmorrhage for some days. On examination two masses were found, the left being soft and baggy and the right firm. The diagnosis was unruptured ectopic pregnancy with a fibroid uterus. At operation the above condition was found; both uteri were removed by supra-vaginal amputation.

British Medical Association News.

ANNUAL MEETINGS.

The annual meeting of the New South Wales Branch was held at the B.M.A. Building, 30-34 Elizabeth Street, Sydney, on March 26, 1920, Dr. F. P. Sandes, the President, in the chair.

Annual Report.

The annual report of the Council for the year ended March 26, 1920, was presented by the Honorary Secretary and received. The text of the report is as follows:—

Annual Report of the Council.

The Council has the honour to present the following Report upon the work of the Branch for the year ended March 26, 1920:—

Membership.—The membership of the Branch is now 1,200, as compared with 1,136 at the date of the last Annual Report, showing a net increase of 64. The additions have been as follows: Elections and resumption of membership 101, removals into the area of the Branch 34. The losses have been: By resignation 7, by removal out of the area of the Branch 40, by default of payment of subscription 6, by death 18. The losses by death have been as follows: Dr. N. H. Franki, Dr. J. P. Clifford, Dr. W. H. Elworthy, Dr. C. C. Hains (on active service, accidentally killed), Dr. J. B. St. V. Welch, Dr. L. D. Parry, Dr. O. E. B. Withers, Dr. C. S. Willis, Dr. A. E. Perkins, Dr. W. W. J. O'Reilly, Dr. V. Asher, Dr. H. M. C. Dalton, Dr. C. W. Bray, Dr. R. E. Woolnough, Dr. J. Ward, Dr. O. C. Smithson, Dr. T. S. Davies, Professor Sir Thomas Anderson Stuart.

Meetings.—Eight ordinary meetings of the Branch, including the annual general meeting, were held, with an average attendance of 36, and two extraordinary meetings with an average attendance of 38. There were six clinical evenings and afternoons, with an average attendance of 83. The regular ordinary meetings of the last Friday in April and June and the May and June clinical evenings could not be held owing to the Influenza Epidemic Government Regulations, which prohibited gatherings of the kind. The August and November clinical evenings were held at the Royal Prince Alfred Hospital and the Anatomy Department of the University respectively; and there were clinical afternoons at the Orthopædic Department of the No. 4 Australian General Hospital, Randwick, and the Royal Alexandra Hospital for Children. All these clinical meetings were well attended. The business of the ordinary meetings and the clinical meetings included 33 papers and reports of cases, numerous demonstrations and exhibits, as well as lantern exhibitions.

Representation.—The Branch was represented as follows:—

(*a*) Council of the British Medical Association: Dr. C. J. Martin (Lister Institute).

(*b*) Representative Body: Dr. W. Chisholm (Representative), Surgeon-General Sir Neville Howse, V.C., K.C.B, K.C.M.G. (Deputy Representative).

(*c*) Federal Committee of the British Medical Association in Australia: For the year 1919, Dr. R. H. Todd, Dr. F. P. Sandes, who were re-elected for the year 1920.

(*d*) Australasian Medical Publishing Company, Limited: Dr. W. H. Crago, Dr. F. P. Sandes, Dr. R. H. Todd.

(*e*) Council of the New South Wales Bush Nursing Association: Dr. F. P. Sandes.

(*f*) Repatriation Department, Vocational and Training Committee: Dr. W. H. Crago (resigned), Dr. George Armstrong (resigned), Dr. R. Gordon Craig, Dr. R. H. Todd.

Council.—The attendance of members of the Council and of the standing committees was as set out in the table below:

The Representatives of the Local Associations of Members appointed on the invitation of the Council to attend the regular quarterly meetings of the Council were as follows: Dr. A. Maitland Gledden (City), Dr. W. A. H. Burkitt (Central Southern), Dr. E. C. Hall (Central Western). Dr. E. A. R. Bligh (Northern Suburbs), Dr. S. S. Shirlow (Balmain District), Dr. W. J. White (Illawarra Suburbs), Dr. J. J. Hollywood (Central Northern), Dr. F. G. N. Stephens (Eastern Suburbs), Dr. L. E. Ellis (Northern District), D. F. C. S. Shaw (Southern District), Dr. W. T. J. Newton (Western Suburbs), Dr. E. H. Burkitt (Western).

B.M.A. Building.—The B.M.A. Building has continued under Dr. W. H. Crago in his capacity as "Premises Attorney." The responsible and often arduous duties of this office have been carried out by Dr. Crago with the same assiduous care as he has always given to the work.

The Library.—Dr. J. Adam Dick, who returned from active military service on August 20, 1919, accepted the office of Honorary Librarian, which he had held at the time of his appointment in the A.I.F., May 1, 1915. Donations of books and journals have been received from the Australasian Medical Publishing Company, Limited, Dr. A. Andrews, Dr. R. Steer Bowker, Miss L. Armstrong and others. The electric lighting of the hall has been much improved by the installation of the semi-indirect system of illumination and additional ventilation has been provided. The question of providing more book-shelves has received attention.

Affiliated Local Associations of Members.—The following is

	Council.	Executive and Finance Committee.	Ethics Committee.	Organization and Science Committee.	Medical Politics Committee.	*Medical Journal* Sub-Committee (Exec. and Finance. Committee.
	(6)	(12)	(12)	(12)	(13)	(12)
Dr. George Armstrong	4	12	—	—	—	—
Dr. F. Barrington	6	—	11	—	—	—
Dr. C. B. Blackburn (1)	3	4	7	1	2	—
Dr. A. J. Brady	5	—	10	—	—	—
Dr. W. H. Crago (Honorary Treasurer; Premises Attorney)	6	11	4	5	8	10
Dr. R. Gordon Craig	5	9	—	—	11	4
Dr. A. Davidson	4	—	12	11	—	—
Dr. J. Adam Dick (Honorary Librarian) (2)	2	6	—	—	—	—
Dr. Sinclair Gillies	2	6	7	—	—	—
Dr. Sydney Jamieson	5	7	—	—	—	—
Dr. C. H. E. Lawes	6	—	—	—	10	—
Dr. T. W. Lipscomb	5	—	—	—	13	—
Dr. W. F. Litchfield (Honorary Medical Secretary)	3	—	—	9	—	—
Dr. W. C. McClelland	3	—	—	—	9	—
Dr. A. A. Palmer (Ex-President)	4	8	—	—	—	8
Dr. F. P. Sandes (President)	6	12	—	—	11	11
Dr. S. A. Smith	5	—	—	8	4	—
Dr. D. Thomas	4	5	—	—	—	—
Dr. R. H. Todd (Honorary Secretary)	6	12	11	10	12	12
Dr. R. B. Wade	5	—	11	10	—	—

(1) Absent on military service abroad, August, 1916, to April, 1919.
(2) Absent on military service abroad, May, 1915, to August, 1919.

a list of the Affiliated Local Associations of Members and the names of their Honorary Secretaries:—

Balmain District: Dr. C. U. Carruthers, Balmain.
Border: Dr. R. Affleck Robertson, Albury.
Central Northern: Dr. H. G. Allen, Newcastle.
Central Southern: Dr. G. A. Buchanan, Goulburn.
Central Western: Dr. J. I. Parer, Granville.
City: Dr. C. E. Corlette, 175 Macquarie Street.
Eastern Suburbs: Dr. F. G. N. Stephens, Rose Bay.
Illawarra Suburbs: Dr. W. J. Binns, Kogarah.
North Eastern: Dr. R. V. Graham, Lismore.
Northern District: Dr. E. W. Buckley, Tamworth.
Northern Suburbs: Dr. E. A. R. Bligh, North Sydney.
South Eastern: Dr. J. L. Park, Corrimal.
Southern District: Dr. W. W. Martin, Wagga Wagga.
South Sydney: Dr. J. G. W. Hill, Newtown.
Western Suburbs: Dr. J. F. Walton, Summer Hill.
Western: Dr. J. T. Paton, Orange.

Annual Meeting of the Delegates of the Local Associations of Members with the Council.—The eighth annual meeting of the delegates of the Affiliated Local Associations of Members with the Council was held on October 3, 1919, at the B.M.A. Library, Sydney. The delegates were as follows:—Dr. A. M. Gledden (City), Dr. F. N. Stephens (Eastern Suburbs), Dr. E. Tudor Jones (Western Suburbs), Dr. E. A. R. Bligh (Northern Suburbs), Dr. J. Hoets (South Sydney), Dr. S. S. Shirlow (Balmain District), Dr. R. Affleck Robertson (Border), Dr. J. J. Hollywood (Central Northern), Dr. G. A. Buchanan (Central Southern), Dr. R. M. Crookston (Central Western), Dr. W. J. Binns (Illawarra Suburbs), Dr. T. J. Henry (Northern Eastern), Dr. L. E. Ellis (Northern District), Dr. W. W. Martin (Southern District), Dr. J. T. Paton (Western). The proceedings of the meeting were published in *The Medical Journal of Australia*, 1919, Vol. II., page 316.

"The Medical Journal of Australia."—The Directors of the Australasian Medical Publishing Company, Limited, and the Editor are to be congratulated upon having successfully conducted *The Medical Journal of Australia* through another year of stress. Although, it is understood, some of the war-time difficulties have abated, the post-war paper shortage and increased cost of production are serious complications. Nevertheless the Company was able to make a substantial distribution to the Branches, the New South Wales Branch share of which was £90 4s..

Contract Practice.—(*a*) Friendly Society Lodges.—(1) The approved Common Form of Agreement which was introduced on January 1, 1914, has continued to serve its purpose. Lodges, which since that date have administered their medical benefit independently of members of the Association, in Lithgow, Auburn, Lidcombe and Balmain, have adopted the Agreement during the year.

(2) The "Regulations—Contract Attendance—Friendly Society Lodges" were amended at an extraordinary meeting held on March 28, 1919, as follows:—

(*i.*) Additional Regulations.

23. No member shall meet any deputation of Friendly Society Lodge members in regard to the Common Form of Agreement between Medical Officer and Friendly Society Lodge, without the consent in writing first had and obtained of the Committee of the Local Associations of Members.

2. (*b*) When a member has been approached by a Friendly Society Lodge to accept appointment as a Medical Officer, he shall apply in the first instance to Honorary Secretary of the Local Association of Members, and forward to him the letter of application received from the Lodge.

(*ii.*) Amended Regulation.

Regulation 11. as to the Contract Medical Certificate set out therein, was amended to read as follows:—

"The Contract Medical Benefit Certificate.

I do solemnly declare that my total income, together with that of my wife, from all sources does not exceed £208 per annum, and I understand that, if at any time hereafter my total income, together with that of my wife, exceeds £312 per annum, I shall thereupon cease to be entitled to the services of the Medical Officer.

.....
Signature of Applicant."

Date.....

(3) Medical Officers of Lodges have been supplied with "Contract Medical Benefit Certificate" forms for use in examining persons seeking to be admitted to the medical benefit of lodges. A stock of these forms is held, from which the requirements of the Medical Officers may be supplied on payment of a small charge to cover the cost of printing and postage.

(*b*) *Collieries.*—No questions have arisen in connexion with arrangements for attendance upon colliery employees.

War Emergency Organization.—(*a*) Protection of Practices of Members who served abroad during the War. The resolution of the Branch of August 28, 1914, passed for the purpose of conserving the interests of practitioners undertaking naval or military service, has continued to operate effectively in enabling the Council to regulate in appropriate cases the relations of absent or returned members with others proposing to compete with them. In only one instance has there been resistance to the decision of the Council. In that case the decision was against the intervening practitioner, a newcomer to New South Wales after the commencement of the war.

(*b*) Medical Examination of Returned Soldiers. The assistance of the Association was sought by the Defence Department in organizing a staff of civil practitioners to assist in the examination of returned soldiers upon their embarkation. This service was effectively initiated, but, owing to the demand for medical practitioners to attend the civil population in the pneumonic influenza epidemic, the military authorities found it necessary to detail returned military medical officers for this urgent duty.

(c) Medical Officers' Relief Fund (Federal). This Fund was made the subject of discussion at an extraordinary meeting of the Branch held March 28, 1919, and, after approval had been given by the Repatriation Commission as required by the *Australian Soldiers Repatriation Act, 1914-1918*, Section 21, for raising money for the purposes of the Fund, appeals for contributions were made to members by the Trustees (July 9, 1919) and subsequently by the Executive and Finance Committee, the Local Committee of Management for New South Wales. The amount contributed in New South Wales is £5,268 15s. 8d.. It is understood that the total contributions have been £11,567 18s. 10d.. Recommendations were made to the Trustees by the Local Committee of Management for gifts and loans on behalf of six applicants.

(*d*) Roll of Honour and Active Service List. The compilation of the Roll of Honour and Active Service List has been continued and printed copies will shortly be available. The Roll of Honour contains the names of 33 practitioners whose deaths were directly attributable to their war service; and the Active Service List shows the names and other particulars of 609 New South Wales practitioners who served overseas, including 518 members of the New South Wales Branch of the British Medical Association. Steps are being taken with the object of establishing a permanent memorial which, it is hoped, will be worthy of the Association. Designs for the memorial are now in process of preparation, and when the estimate of the cost of an approved design is obtained, it is the intention of the Council to place the particulars before the members with a view to the scheme being financed. There were eighteen (18) other practitioners who were appointed to the Army Medical Corps, Australian Imperial Force. Owing, however, to the cessation of hostilities, they did not proceed on active service; but some of them embarked as "Medical Officers of Deportees."

(*e*) List of Honours. A List of Honours has been prepared showing the number of recipients for New South Wales as 152, namely: Order of the Bath, 3; Order of St. Michael and St. George, 8; Order of the British Empire, 13; Distinguished Service Order, 47; Military Cross, 73; Bar to Military Cross, 4; Foreign Honours (French, Italian, Servian), 6.

(*f*) Removal from the Medical Register of Names of Practitioners of Alien Enemy Qualifications. In accordance with a resolution passed at an extraordinary general meeting held December 5, 1919, the Federal Government was again asked to deport all practitioners who had been interned during the war. Information was given in reply, that one of the four had been sent back to Germany at his own request, a second was awaiting deportation, and, of the remaining two, one had been released some years ago, and the position of the other was under consideration. It is understood that the State Government was again approached by the New

South Wales Medical Board in regard to the removal from the Register of the names of persons registered in virtue of German or Austrian qualifications not practising in New South Wales at the commencement of the war. It is not yet known, however, what action has been taken.

(*g*) Remuneration of Medical Services Rendered on Behalf of the Repatriation Department by Medical Officers of Local Repatriation Committees. It will be remembered that, pending negotiations between the Federal Committee and the Repatriation Department, members who had been invited to accept the positions had been advised to undertake the duties in accordance with the proposals of the Department (Circular "L," December, 1918), but not to make permanent arrangements. Recommendations for amendment of the terms and conditions of appointment were made by the Federal Committee in July, 1919, which, with some modification, were approved by the Medical Advisory Committee of the Department. Owing, however, to the Minister for Repatriation requiring further information, the matter was delayed. The Federal Committee again approached the Department, but no variation of the terms and conditions of appointment have yet resulted.

(*h*) Repatriation Assistance to Returned Medical Men. (1) Under the *Australian Soldiers Repatriation Act*. Disappointment has been experienced by returned men owing to what appears to be discrimination on the part of the Repatriation Commissioners against the medical profession in granting assistance under the *Australian Soldiers Repatriation Act*. The reason for treating medical men differently from other Australian soldiers is not clear; but the attitude of the Commissioners is such that the benefits are likely to remain limited to the £10 gift and £40 loan for professional equipment granted to those who were not in practice before undertaking service.

(2) Post-graduate Training. Disappointment has also been experienced by some returned medical men, fortunately few in number, who were offered by the Defence Department while abroad certain facilities for post-graduate training on their return, similar to those available to them in England, had they chosen or been able to remain there and take advantage of them. The returned officers submitted their claims to the Department to no purpose, and the Federal Committee, as well as the Council of the New South Wales Branch, approached the authorities in vain. It is understood that the original instruction, which was a short time only in force, was given by mistake.

(*i*.) Medical History of the War. It is gratifying to note that a proposal by the Defence Department that a history of the Australian Army Medical Corps in the war should be written has been approved by the Federal Committee. It is understood that an offer of the Australasian Medical Publishing Company, Limited, to undertake the work is likely to be accepted by the Government and that the Department will give the Company the fullest facilities for the purpose by placing the official records at the disposal of the writers and in other ways.

Legislation.—The (New South Wales) Venereal Diseases Act of 1918, which was referred to in the report of last year as imposing novel obligations upon practitioners, with heavy penalties for their non-observance, and was the subject of discussion at the meeting of the Branch on May 30, 1919, has not yet been brought into operation. A further postponement till June 1, 1920, is thought to be due to political exigency. The Regulations of November 10, 1919, together with a supply of the prescribed forms, have been sent to all practitioners, so as to enable them to comply with the requirements of the Act in communicating with the Commissioner.

Emergency Organization in Pneumonic Influenza Epidemic. At the time of the last report a "Consultative Council" appointed by the Minister of Public Health, which had been actively engaged for some three months in advising the Government on administrative matters in connexion with the pneumonic influenza epidemic, continued its work until the scourge passed. The epidemic serious embarrassed the ordinary work of the Association by occupying the time of the Council and the office staff, some of whom were affected by the disease. Two clinical meetings of members and two ordinary meetings of the Branch during April, May and June, had to be cancelled. A considerable amount of organization was done through the instrumentality of the Association by the arranging of Advisory Medical Staffs for the Relief Depôts in the city and suburbs, and of rosters of practitioners for domiciliary attendance on patients both in the metropolitan area and throughout the State in connexion with these Depôts. The services of the Association were utilized also by the Health Department in carrying on the work of Inoculation Depôts and in the staffing of the extensive system of Emergency Hospitals necessitated by the epidemic.

Regulations. In addition to the alterations of the "Contract Attendance, Friendly Society Lodges" Regulations set out above, the following Regulations were made at the extraordinary general meeting held March 28, 1919, namely:—

(1) Local Directory (Hanging-Card) Advertisements.
No member shall be a party, whether on payment of subscription or otherwise, to the appearance of his name in a "Local (Hanging-Card) Directory" or other similar Directory to be displayed for advertisement purposes.

(2) "Return Thanks" Notices in Newspapers.
No member shall permit to be a party to the publication of his name in any "return thanks" notice in a newspaper.

(3) Consulting Rooms at Chemists' Shops.
Except with the express sanction of the Council, no member shall have a consulting room at a chemist's shop.

Prohibition of Importation of Bacteriological Products and Sera. A Commonwealth Government proclamation prohibiting the importation of (*inter alia*) Bacteriological Products and Sera was a subject of discussion at an extraordinary general meeting of the Branch held December 5, 1919, when a resolution was passed and duly conveyed to the Government protesting against such prohibition as being against the interests of the community and the profession. The matter was subsequently (February 5, 1920) considered by the Federal Committee on behalf of all the Branches, and a similar protest was formulated and communicated to the Minister of Trade and Customs.

Medical Publications. With a view to facilitating authoritative communications to the newspapers in matters of general scientific interest in regard to diseases and their treatment, the Council has arranged for the constitution and annual appointment of a "Publicity Committee," to be a subcommittee to the Medical Politics Committee, whose function it will be to supply the newspapers with articles or information as the occasion may require.

Federal Committee. The Federal Committee of the British Medical Association in Australia met in Melbourne on July 29 and 30, 1919, and in Sydney on February 4 and 5, 1920. Reports of the proceedings were published in *The Medical Journal of Australia*, 1919, Vol. II., page 118, and 1920, Vol. I., page 156.

F. P. SANDES,
President.

Dr. W. H. Crago, the Honorary Treasurer, presented the financial statements of the Branch. He referred to the item of £90 4s. from the Australasian Medical Publishing Company, Limited. This was the first time that the Publishing Company had made a distribution of profits and revealed a very satisfactory condition. The amount refunded was equivalent to two shillings for each pound received for journals supplied to members of the Branch. The financial standing of the Branch was better than it had been at any previous period.

Dr. Crago also presented the audited financial statement of the Premises' Account. He reported that all the offices in the building were occupied. He was gratified to be able to report that there was a clear profit of £766 5s. 6d. on the year's undertakings, after paying for all the ordinary and special repairs, etc. The account had been audited by Messrs. L. C. Drummond and Company.

Dr. W. H. Crago moved a hearty vote of thanks to the Auditors, Drs. A. Maitland Gledden and F. W. Hall for their services. The motion was carried unanimously.

Presidential Address.

Dr. F. P. Sandes, the President, delivered his address (see page 307).

Dr. C. Bickerton Blackburn, O.B.E., moved a vote of thanks to the President for his valuable address, which con-

tained much food for thought. They were much indebted to Dr. Sandes for having given them so excellent an address; they were still more in Dr. Sandes's debt on account of the tremendous amount of work he had done during his year of office. He had set a standard which his successor would find very difficult to maintain. The motion was carried by acclamation.

New South Wales Branch in the Representative Body of the British Medical Association, and Dr. F. Antill Pockley and Dr. C. Gordon MacLeod were appointed delegates of the Branch to attend the annual meeting of the Association in July, 1920, at Cambridge.

Medical Benevolent Fund of New South Wales.

Sir Herbert Maitland presented the annual balance sheet

NEW SOUTH WALES BRANCH.

Receipts and Expenditure for the Year Ended December 31, 1919.

	£ s. d.		£ s. d.
To Balance (Cash Book)	127 8 6	By British Medical Association	1,096 4 0
„ Petty Cash	1 10 7	„ A.M.P. Co., Ltd.	1,035 10 0
„ Subscriptions	3,913 1 0	„ Clerical Assistance	808 5 0
„ Ex. and Disc. £8 7 0		„ Premises A/c.	300 0 0
Less Bk. Ch. 7 15 0		„ Printing and Stationery	167 1 4
	12 0	„ Stamps (P. & D.)	126 4 10
To Sales, C.F.A.	11 10 0	„ Assistant Librarian	71 5 0
„ A.M.P. Co., Ltd.	90 4 0	„ Rent £150 0 0	
„ Interest	20 16 8	Less Sublettings 55 5 6	
„ Refund, P.C. A/c., 1918	2 15 3		94 14 6
		By New Electric Light Fittings	51 7 0
		„ Binding Periodicals	31 9 6
		„ Typewriter and Sundries	64 1 5
		„ Telephone	18 2 4
		„ Attendance at Meetings	17 8 3
		„ Travelling Expenses	16 6 6
		„ Cleaning	15 0 0
		„ Bal. C.B. £256 10 3	
		Less Dr. Bal. P.C. 1 11 11	
			254 18 4
	£4,167 18 0		£4,167 18 0

Examined and found correct,

A. MAITLAND GLEDDEN
FRED. HALL } Auditors.

March 9, 1920

W. H. CRAGO,
Honorary Treasurer.

Election of Office-Bearers.

The President declared the result of the election of the President, Vice-President and eighteen members of the Council, as follows:—

President: Dr. C. Bickerton Blackburn, O.B.E.
Vice-President: Dr. Fourness Barrington.
Members of Council: Dr. George Armstrong, Dr. A. J. Brady, Dr. W. H. Crago, Dr. F. Brown Craig, Dr. Andrew Davidson, Dr. J. A. Dick, Dr. Sinclair Gillies, Dr. Sydney Jamieson, Dr. C. H. E. Lawes, Dr. T. W. Lipscomb, Dr. W. F. Litchfield, Dr. A. A. Palmer, Dr. Clarence Read, Dr. F. P. Sandes, Dr. S. A. Smith, Dr. D. Thomas, Dr. R. H. Todd and Dr. R. B. Wade.

A vote of thanks was passed to the scrutineers, Dr. A. J. Aspinall, Dr. J. G. Edwards, Dr. H. S. Marsh, Dr. G. Bell and Dr. A. J. Gibson for their services at the ballot.

of the Medical Benevolent Fund of New South Wales as printed below and moved that the office-bearers and members of the Committee be re-appointed. The motion was carried. The office-bearers are as follows:—

Trustees: Dr. R. L. Faithfull and Dr. F. W. Hall.
Honorary Secretary: Sir Herbert Maitland.
Honorary Treasurer: Dr. R. L. Faithfull.
Members of the Committee: Dr. F. W. Hall, Dr. T. Fiaschi and Dr. J. M. Gill.

Dr. F. P. Sandes referred to the forthcoming Australasian Medical Congress to be held at Brisbane on August 23 to 28, 1920. He urged those members who proposed to attend the congress, to enrol as soon as possible in order that the arrangements might be made. The local Secretary for New South Wales was Dr. F. Brown Craig, of 139 Macquarie Street, Sydney.

Dr. **The Treasurer in Account with the New South Wales Benevolent Fund.** Cr.

1919—	£ s. d.	1919—	£ s. d.
Balance brought forward from March 31, 1919	143 11 7	Bank Fees	10 0
Subscriptions from March, 1919, to March, 1920	39 5 6	Bank Exchange	2 0
		Balance as Per Pass Book £185 7 7	
		Less Cheque to Sir Herbert Maitland for cash paid out of his pocket 3 2 6	
			182 5 1
	£182 17 1		£182 17 1

	£ s. d.
At Deposit in Savings Bank of N.S.W., Barrack Street, as Per Pass Book, Plus Interest to June 30, 1919	330 6 11
Balance at Credit Current A/c., Commercial Banking Co. of Sydney, Bathurst Street Branch, as Per Pass Book	182 5 1
Total Credit	£512 12 0

H. E. MAITLAND,
Secretary.

On the motion of Dr. W. H. Crago, Dr. F. W. Hall and Dr. A. Maitland Gledden were elected the auditors for the ensuing year.

Dr. F. Antill Pockley was appointed Representative of the

Before vacating the chair he extended in the name of the members a warm welcome to Dr. Harvey Sutton, whom he described as a distinguished Victorian. Dr. Sutton had recently been appointed to the important office of Principal

Medical Officer to the Department of Public Instruction. The members would be able to look forward to valuable scientific contributions from Dr. Sutton.

Induction of President.

In introducing Dr. Blackburn to the meeting as President, Dr. Sandes recalled the fact that Dr. Blackburn and he had been fellow students twenty-three years ago. He had been closely associated with him since the time when he had come from Adelaide with a reputation as an exceptional student. This reputation for solid learning had been fully justified. It was not necessary to refer in detail to Dr. Blackburn's scientific achievements or to his brilliant medical career. Dr. Sandes devoted a few words to the part Dr. Blackburn had played in the war and stated that it was peculiarly fitting at that juncture that a returned soldier should step into the presidential chair.

Dr. Blackburn thanked Dr. Sandes for his kindly words and the members for having placed him in the honoured position of President. He presumed that Dr. Sandes had felt it to be necessary to say nice things about him, as a sort of reply to the remarks he, the speaker, had made about the retiring President. If he could achieve half the good work Dr. Sandes had accomplished, he would vacate the chair in a year's time with a sense of satisfaction.

Before the termination of the meeting a resolution was passed, conveying to Dr. A. A. Palmer an expression of the condolence of the members on account of his recent severe illness and of congratulation on his recovery.

The annual meeting of the Tasmanian Branch was held at the Royal Society's Room, Hobart, on March 9, 1920, Dr. W. W. Giblin, C.B., V.D., the President, in the chair.

Election of Office-Bearers.

The following were elected office-bearers and members of the Council for the ensuing year:—

President: Dr. James Sprent, M.C.
President-Elect: Dr. R. G. Scott.
Vice-President: Dr. D. H. E. Lines.
Members of the Council: Dr. T. Butler, Dr. G. E. Clemons, Dr. W. W. Giblin, C.B., V.D., Dr. G. H. Hogg, Dr. H. W. Sweetnam.
Honorary Secretary: Dr. E. Brettingham Moore.
Honorary Treasurer: Dr. Arthur E. Hayward.
Honorary Auditor: Dr. G. H. Gibson.

Presidential Address.

Dr. W. W. Giblin delivered his presidential address (see page 309).

MEDICO-POLITICAL.

An extraordinary general meeting of the New South Wales Branch was held at the B.M.A. Building, 30-34 Elizabeth Street, Sydney, on March 26, 1920, Dr. C. Bickerton Blackburn, O.B.E., the President, in the chair.

Dr. R. B. Wade moved on behalf of the Council:—

That the following be adopted as a Regulation of the Branch, *viz.*:—

Publication of Confidential Communications Between the Association and its Members.

Except with the express authority of the Council in writing, no member shall publish or be a party to publishing in any newspaper or otherwise the Memorandum, Articles of Association, By-laws or Regulations of the Association, or any portion thereof or extract therefrom, or any communication between him or any other member and the Association or the Council or a committee thereof, whether such communication be in regard to any matter under consideration by or submitted for the consideration of the Association or the Council or a committee thereof, or any rule, decision or proceedings of the Association or the Council or a committee thereof, or any other matter.

Provided that it shall not be necessary to obtain such authority in respect of any such publication in the *British Medical Journal, The Medical Journal of Australia,* or other the official organ of the Association.

He pointed out that, while the members recognized that they should not publish matters concerning the constitution of the British Medical Association or of the New South Wales Branch without the consent of the Council, it had been brought to their notice that no definite regulation to this effect was in existence.

Dr. Fourness Barrington seconded the motion.

Dr. F. Guy Griffiths asked whether the rule would preclude a member from quoting the Memorandum or Articles of Association at a meeting of the Branch. He called attention to the words "or otherwise" as a wide term, possibly covering spoken words at a meeting.

Dr. R. H. Todd assured Dr. Griffiths that this interpretation would not be placed on the rule. Members would be able to discuss all matters of concern to the Branch or to the Association at their own meetings. He held that the rule would cover quotations made at a public meeting.

The motion was carried without dissention.

The undermentioned have been nominated for election as members of the New South Wales Branch:—

Clive Vallack Single, Esq., M.B., 1913 (Univ. Sydney), Moree.
Gordon Harold Pfeiffer, Esq., M.B., Ch.M., 1918 (Univ. Sydney), "Ivanhoe," Berry Road, Greenwich.
Ronald James Hunter, Esq., M.B., 1916 (Univ. Sydney), c/o. Dr. A. S. Marr, Blayney.
Sidney Solomon Rosebery, Esq., M.B. Ch.B., 1917 (Univ. Edin.), Mayfield, James Street, Manly.
Reginald Power, Esq., M.B., Ch.M., 1914 (Univ. Edin.), 39 Johnstone Street, Annandale.

Medical Societies.

MELBOURNE PÆDIATRIC SOCIETY.

The fourteenth annual meeting of the Melbourne Pædiatric Society was held at the Oriental Hotel, Collins Street, Melbourne, on March 18, 1920, under the chairmanship of Dr. A. Jeffreys Wood.

After the confirmation of the minutes of the last annual meeting, the Honorary Secretary, Dr. H. Douglas Stephens, presented the annual report, in which it was recalled that this Society had been inaugurated at a dinner, tendered by the staff of the Children's Hospital on November 11, 1905, to Dr. Alan Mackay, on his return to duty. The first meeting had been held on January 31, 1906. Although membership of the Society was open to any reputable member of the medical profession, it had been found necessary to limit the numbers on account of insufficient accommodation; prior to the war the membership list reached 40. During the latter part of the war period, it was considered wise to adopt quarterly meetings in lieu of monthly; this reduction had been maintained during the past year.

As most of the members who had been away on war service, had now returned, the Society at its last meeting resolved to hold at least six meetings during the year, four of which were to be clinical evenings and the remaining two devoted to the reading and discussion of papers.

Much material of clinical and pathological interest had been shown during the past year, but it was pointed out in the report that the meetings could be rendered of even more value to members if exhibitors would furnish in advance a short précis of their cases for publication in the syllabus.

Reference was made to the forthcoming Congress and to the fact that the Society had been asked by Dr. Jefferis Turner to do all in its power to make the Children's Section a success. Members were therefore invited to send in the titles of any papers they might intend to present. The hope was expressed that the Melbourne Pædiatric Society would be represented at the Congress by a good delegation.

The thanks of the Society were conveyed to Dr. Reginald Webster for the accounts of the proceedings furnished by him to *The Medical Journal of Australia*; appreciation was also recorded of the kindness of the Committee of the Children's Hospital, in granting the use of the Hospital buildings for the meetings and of the cordial co-operation of the Lady Superintendent and the nursing staff.

The financial statement, submitted by Dr. F. Hobill Cole, showed a credit balance of £4 16s. 6d..

Office-bearers for the ensuing year were elected as follows:

President: Dr. A. E. Rowden White.
Honorary Secretary: Dr. H. Douglas Stephens.
Honorary Treasurer: Dr. F. Hobill Cole.

Honorary Auditor: Dr. W. Atkinson Wood.
Members of Committee: Drs. A. Jeffreys Wood, E. Alan Mackay, J. D. King Scott and S. W. Ferguson.

At the conclusion of the meeting the members of the Society entertained Drs. F. Hobill Cole and E. Alan Mackay at dinner to mark the occasion of the retirement of these gentlemen from active work on the staff of the Children's Hospital. Both Dr Cole and Dr. Mackay could trace back their association with the hospital for a period of thirty years. The toast of "The Guests" was in the capable hands of Dr. A. Jeffreys Wood; he was supported by a number of his colleagues on the staff of the hospital. Throughout all the speeches ran sincerity and good will towards the men whom they delighted to honour.

MEDICAL DEFENCE ASSOCIATION OF SOUTH AUSTRALIA.

The annual general meeting of the Medical Defence Association of South Australia was held in the Lister Hall, B.M.A. Building, Hindmarsh Square, Adelaide, on December 4, 1919.

The following members were appointed office-bearers and members of the Council:—

President: Dr. H. Swift.
Honorary Auditor: Dr. H. H. Wigg.
Honorary Treasurer: Dr. W. J. Gregerson.
Honorary Secretary: Dr. J. W. Browne.
Members of Council: Dr. H. Gilbert, Dr. A. A. Lendon, Dr. H. A. Powell, Dr. F. S. Scott.

The Honorary Secretary read the following report of the Council:—

Report of Council, 1919.

Your Council is glad to report that members have not required assistance from the Association to any great extent this year.

During the year two members had occasion to appeal to the Council for advice and assistance. In one case, a serious one, a member was threatened with an action for damages, assessed at £500, for alleged unskilful treatment. The matter was immediately taken up and dealt with by the legal adviser of the Association, and as the result of his efforts the other side dropped the case. The second case involved some difficult points, and your Council was of opinion that the matter was not really one that concerned the Association as such. In this case, so far, no action has been taken by the Association.

Our funds have satisfactorily increased, and our expenses this year have been nominal.

We record, with much regret, the deaths of Drs. Jay, Clive Newland, A. C. Magarey and Lind.

There has been a satisfactory increase in our membership during the year and we hope to see a still larger increase in the coming year.

The balance sheet and financial statement was received.

Statement of Receipts and Payments From November 26, 1918, to November 25, 1919.

Receipts.

	£ s. d.	£ s. d.
To Cash Balances at Nov. 26, 1918—		
Savings Bank of S.A.	283 14 9	
Bank of New South Wales ..	16 7 11	
		300 2 8
„ Subscriptions		23 11 9
„ Donation		5 0 0
„ Interest as Under—		
Savings Bank	£11 5 8	
Treasury Bill (Half-year) ..	4 10 0	
War Bonds	39 0 0	
Fixed Deposit	8 8 7	
		63 4 3
„ Treasury Bills (Matured)		200 0 0
„ Fixed Deposit (Matured)		187 4 0
„ Transferred from Savings Bank (Contra) ..		191 19 5
		£971 2 1

Payments.

	£ s. d.	£ s. d.
By Pritchard Bros (Printing) ..	3 5 6	
„ Stamps, etc.	0 12 6	
„ Legal Expenses	1 11 6	
„ Bank Charges for Keeping Accounts	0 10 0	
		5 19 6
„ Savings Bank (Contra)..		191 19 5
„ Peace Loan		387 12 0
„ Fixed Deposit, Bank of New South Wales ..		200 0 0
„ Cash Balance as Under—		
Savings Bank	£103 1 0	
Bank of New South Wales ..	82 10 2	
		185 11 2
		£971 2 1

Financial Statement.—Summary of Balances as at November 25, 1919.

	£ s. d.
Fixed Deposit Bank of New South Wales (at 4½%)	200 0 0
War and Peace Loans (at 5%)	980 0 0
Savings Bank of South Australia (Bank Rate)	103 1 0
Balance at Bank of New South Wales (Current Account)	82 10 2
	£1,365 11 2

Adelaide,
November 27, 1919

W. J. GREGERSON,
Honorary Treasurer.

THE FACULTY OF MEDICINE OF THE UNIVERSITY OF SYDNEY

Professor J. T Wilson was appointed Dean of the Faculty of Medicine of the University of Sydney at a meeting of the Faculty held on March 22, 1920. The appointment is regarded with satisfaction in the Medical School. At the same meeting the question of the future of the chair of physiology was discussed and was referred to a sub-committee for consideration and report.

No definite steps have been taken to fill another of the positions held by the late Professor Sir Thomas Anderson Stuart, namely, the chairmanship of the Board of Management of the Royal Prince Alfred Hospital. According to the by-laws there should be a Chairman and a Vice-Chairman of the Board and an understanding exists on the part of the

Board that a medical practitioner and a layman should hold these positions concurrently. The Honourable H. E. Kater, M.L.C., was appointed Vice-Chairman within the last twelve months. The affairs of the Hospital would be in good hands if Professor Wilson were to join Mr. Kater in one or other of the two offices.

Naval and Military.

HONOURS.

In the *Commonwealth of Australia Gazette* No. 30 of March 25, 1920, the record of service for which Captain Harris Mendelsohn was awarded the Military Cross is published (see *The Medical Journal of Australia*, February 21, 1920, page 172).

The following decorations are also notified:—

To be Commanders of the Military Division of the Most Excellent Order of the British Empire—

Colonel Bernard James Newmarch, C.M.G., Australian Army Medical Corps.

Lieutenant-Colonel (temporary Colonel) John Mitchell Young Stewart, D.S.O., Australian Army Medical Corps.

Lieutenant-Colonel (temporary Colonel) Samuel Roy Burston, D.S.O., Australian Army Medical Corps.

Lieutenant-Colonel Henry Simpson Newland, D.S.O., Australian Army Medical Corps.

To be Officers of the Military Division of the Most Excellent Order of the British Empire—

Captain Francis Aloysius Comins, Australian Army Medical Corps.

Captain (temporary Major) Harvey Sutton, Australian Army Medical Corps.

Captain (temporary Major) John Herald Balfour Brown, M.C., Australian Army Medical Corps.

Captain George Finlay, Australian Army Medical Corps.

Major Joseph Patrick Fogarty, M.C., Australian Army Medical Corps.

Major Thomas Lynewolde Anderson, Australian Army Medical Corps.

Major Claude Herbert Terry, Australian Army Medical Corps.

Distinguished Service Order—

Lieutenant-Colonel John Robert McNeil Beith, Australian Army Medical Corps, attached 2nd Light Horse Field Ambulance.

Lieutenant-Colonel Meylies Wyamarus Cave, Australian Army Medical Corps, attached 1st Light Horse Field Ambulance.

APPOINTMENTS.

The following appointments etc., have been notified in the *Commonwealth of Australia Gazette*, Nos. 29 and 30, of March 18 and 25, 1920:—

Permanent Naval Forces of the Commonwealth (Sea-Going Forces).

To be Surgeon Lieutenant-Commanders (provisional)—

Surgeon-Lieutenant Alexander Scott Mackenzie, dated 9th December, 1918.

Surgeon-Lieutenant William James Carr, B.A., M.R.C.S., L.R.C.P., dated 9th December, 1918.

Surgeon-Lieutenant William Edgar Roberts, M.R.C.S., L.R.C.P., dated 1st January, 1919.

TERMINATION OF APPOINTMENTS.

The temporary appointments of the following officers are terminated on the dates set opposite their respective names on reversion to the Royal Navy, unless otherwise stated:—

Surgeon-Commander Algernon Carter Bean, 24th August, 1919.

Temporary Surgeon-Lieutenant Robert Thomas Francis Davies Roberts, M.B., 4th April, 1919.

Temporary Surgeon-Lieutenant Howard Francis Praagst, M.B., Ch.B., demobilized 15th December, 1919.

Australian Imperial Force.

Second Military District.

Lieutenant-Colonel A. L. Buchanan, Australian Army Medical Corps, having resigned, his appointment in the Australian Imperial Force is terminated, 16th October, 1919.

Third Military District.

Major (temporary Lieutenant-Colonel) A. Cook, O.B.E., Australian Army Medical Corps, relinquished the temporary rank of Lieutenant-Colonel, and is granted honorary rank of Lieutenant-Colonel, 15th December, 1919.

Captain H. W. Savige, Australian Army Medical Corps, ceased to be posted as Adjutant, Australian Army Medical Corps, Training Depôt, 25th November, 1919.

Fourth Military District.

Major (now Lieutenant-Colonel) L. W. Jeffries, D.S.O., O.B.E., Australian Army Medical Corps, to be Assistant Director Medical Services, Administrative Headquarters, Australian Imperial Force, London, 14th January, 1918.

Fifth Military District.

Major M. Yuille, Australian Army Medical Corps.—The notification regarding the termination of appointment of this officer, which appeared in Executive Minute No. 868, promulgated on page 2472 of *Commonwealth of Australia Gazette*, No. 138/19, is cancelled.

Sixth Military District.

Captain J. Love, Australian Army Medical Corps, having resigned, his appointment in the Australian Imperial Force is terminated in England on 3rd December, 1919, but to take effect from 26th December, 1919. (Ex. Min. No. 135.)

APPOINTMENTS TERMINATED.

First Military District.

Major S. H. Seccombe, 2nd March, 1920.
Captain H. W. Tilling, 4th March, 1920.
Captain V. N. B. Willis, 18th February, 1920.
Captain W. Croose, 3rd March, 1920.

Second Military District.

Colonel B. J. Newmarch, C.M.G., C.B.E., V.D., 1st April, 1920.
Lieutenant-Colonel R. W. W. Walsh, D.S.O., 28th February, 1920.
Major C. J. Wiley, 30th March, 1920.
Captain A. G. Brydon, 15th February, 1920.
Captain J. W. Smith, 8th February, 1920.
Captain S. Boake, 28th January, 1920.
Captain F. E. R. Biggs, 1st February, 1920.
Captain M. O. Stormon, 24th January, 1920.
Captain M. R. Finlayson, 5th March, 1920.
Captain B. McN. Beith, 26th February, 1920.
Captain F. C. Thompson, 1st March, 1920.
Captain N. G. Sutton, 23rd January, 1920.
Captain H. G. B. Bruce, 27th February, 1920.
Captain C. R. R. Huxtable, 2nd February, 1920.

Third Military District.

Lieutenant-Colonel W. G. D. Upjohn, O.B.E., 13th February, 1920.
Lieutenant-Colonel R. W. Chambers, D.S.O., 18th January, 1920.
Major W. B. Ryan, 26th February, 1920.
Major D. D. Coutts, D.S.O., 23rd February, 1920.
Major J. V. H. Guest, 10th February, 1920.
Major E. M. Allester, 28th February, 1920.
Major R. C. Withington, 26th July, 1919.
Major F. E. Hutchinson, 22nd March, 1920.
Captain F. H. James, M.C., 10th February, 1920.
Captain R. F. Le Soueff, 19th January, 1920.
Captain J. J. Kelly, 14th February, 1920.
Captain D. G. Robertson, 27th January, 1920.
Captain H. A. S. Newton, 18th February, 1920.

Captain J. R. Williams, 28th March, 1920.
Captain P. J. Campbell, 18th February, 1920.
Captain K. A. McLean, 16th February, 1920.
Captain F. J. B. Miller, 3rd February, 1920.
Captain J. R. Robertson, 27th January, 1920.
Captain S. Cochrane, 1st February, 1920.
Captain H. McLorinan, 18th February, 1920.

Fourth Military District.
Major J. R. Muirhead, D.S.O., 20th February, 1920.
Major J. C. P. Strachan, 13th February, 1920.
Captain H. R. Pomroy, 17th January, 1920.

Fifth Military District.
Colonel D. M. McWhae, C.M.G., C.B.E., 12th March, 1920.
Lieutenant-Colonel A. H. Gibson, 8th March, 1920.
Captain H. B. Gill, 6th March, 1920.

Sixth Military District.
Captain W. J. Patterson, 24th March, 1920.

Australian Military Forces.

APPOINTMENTS.

The undermentioned being appointed to the Reserve of Officers with substantive rank, equivalent to that held by them in the Australian Imperial Force, as follows, 1st January, 1920:—

First Military District.
To be Lieutenant-Colonel—
G. E. McD. Stuart, D.S.O..
To be Major—
J. J. Power, D.S.O..

Second Military District.
To be Majors—
C. V. Single, D.S.O..
A. McKillop.
E. H. Rutledge.
N. M. Gibson, O.B.E..
A. J. Collins, D.S.O., M.C..
F. Macky.
R. E. Jefferis.
C. M. Samson, M.C..
A. E Aspinall.

Third Military District.
To be Majors—
P. A. Maplestone, D.S.O..
J. P. Fogarty, M.C..
F. T. Wheatland.
A. E. R. White.
W. W. S. Johnston, D.S.O., M.C..
J. B. Bell.
C. J. Simpson.
M. H. Mailer, M.C..
C. H. S. Ponsford.
C. H. Anderson.
A. H. Joyce.

Fourth Military District.
To be Majors—
C. E. Marshall.
J. R. S. G. Beard, M.C..
W. L. Smith, M.C..

Correspondence.

A WARNING TO AUSTRALIAN PRACTITIONERS.

Sir: One sometimes heard a growl from English graduates in Australia of unfair discrimination in favour of the Colonial graduate when it came to Government appointments, etc.. Take it from me that the discrimination, if such there be in Australia, used in favour of graduates of our own schools, is not a circumstance compared with the product which is handed out to the Australian graduate by his English "colleagues" in South Africa. They apparently will keep an appointment vacant until a graduate of one of the British universities is available, rather than give an Australian a chance; at least that is my experience. Needless to say, this attitude is not based on any superiority of the British product.

I have ample evidence to fortify the above statements, but it is unnecessary. The Australian medical authorities will kindly note the fact, I hope.

Yours, etc.,

"EXILE."

MIDWIFERY FORCEPS.

Sir: The old question regarding the use and abuse of forceps in midwifery is, I notice, revived in the *British Medical Journal, vide* November and December copies, 1919. One writer says, and may I quote the passage without the context, which is immaterial: "I am at a loss to understand how Dr. Fairbairn proposes to avoid lacerations. Certainly not by limiting the use of forceps, for, if that murderous instrument, the Simpson-Barnes forceps, be never used and modern forceps, such as Wagstaffe's, always employed, lacerations due to the passage of the head never occur" (*British Medical Journal*, page 798, December 13, 1919.

I have used the Simpson-Barnes forceps with Nevill's axis traction handle in several hundred cases, with happy results.

I have never before heard this forceps described as a "murderous instrument," and I confess I am not familiar with the "Wagstaffe" forceps, nor can I find any account of it in fairly recent books and catalogues. Could you or your readers supply a description of this instrument and their experiences of it. A discussion regarding the use of forceps generally in midwifery in *The Medical Journal of Australia* would be useful.

Yours, etc.,

"FORCEPS."

[Our correspondent may find it worth while to write directly to Dr. A. Campbell Stark (63 Wanstead Park Avenue, Wanstead Park, London, E. 12) for a description of the "Wagstaffe" forceps. We have made inquiries and have failed to discover any information concerning this instrument. Our leading obstetricians are satisfied with the forceps available in Australia to-day.—Ed.]

THE TREATMENT OF FILARIASIS.

Sir: Owing to the small number of patients presenting objective symptoms amongst those suffering from filariasis, the disease is inclined to receive scant attention and it must be admitted that up to the present our means of treating it, or even relieving permanent symptoms, have proved unsatisfactory. With the increase of population it may be expected the affection will increase and may yet prove a source of much invalidism. Lymphangitis, chyluria, orchitis, filarial abscess and fever have all presented themselves as accompaniments and elephantiasis prevails, though not so far in alarming amount, still at least six well-established cases of this have come under my notice in the past five years. Also two fatal cases of extreme abdominal varix have passed through my hands. Much remains to be done in investigating the life history of the embryos and some fresh activity wants to be displayed in establishing some satisfactory treatment, if such is possible.

Lately tartar emetic intravenously has become fashionable and has been successfully used in *granuloma pudendi*, kala-azar and bilharzia. The satisfactory results already obtained in this last disease suggest it might be profitably employed in filariasis and a stimulating article on this very subject by Lieutenant-Colonel Sir Leonard Rogers appears in the *Lancet* of October 4, 1919. Such a line of investigation can best be done under hospital conditions, with facilities for the most careful administration of the drug and accurate estimation of the results concerning the number of embryos remaining in the peripheral blood. In this district one can only guess at the probable number of persons infected, but I would put it down at 1.5% to 2% only of the total population and suitable cases for hospital treatment would, therefore, be few and most of those would resent the interference

with business which such a line of treatment would entail. In Brisbane it is reported that as many as 10% of the population are supposed to be infected, though I have never seen this stated in print. If anything like this does prevail, however, one of the Brisbane hospitals ought to be in a good position to undertake some such line of treatment and a report on the preliminary results might be brought up at the Congress in August. This would open a discussion on this not unimportant subject, which would advance the matter a stage further, and stimulate further investigation till a reliable scheme could be evolved for general adoption, if the tartar emetic treatment turned out to be satisfactory. I am aware that four or five months is of little use in establishing this point, but a start might be made with promise of ultimate success. We do not know how long the embryos continue to live in the peripheral blood and their disappearance under observation after treatment may mean months or years of patient investigation by the observer. New broods may appear if the adult worms are not killed; and a point worth keeping in mind is the uncertainty that must exist as to the results of killing the parent worms. Alive they appear in the large proportion of cases to be harmless, but dead they may give rise to a new train of symptoms which might cause inconvenience. This point has been suggested to me by Professor D. A. Welsh with whom I have had interesting discussions on the subject. This can, however, only be settled by experiment and is a point which does not seem to terrify Sir Leonard Rogers. Something in a small way has already been attempted by doctors in Queensland interested in the subject, organic arsenic compounds having been the remedy adopted. The late Dr. Flynn, of Ipswich, told me he had used salvarsan in several cases with an early disappearance of the embryos and no return in one case after seven years. Dr. Dean, in Rockhampton, has also, I believe, used galyl intravenously in a number of cases, but with what result I am not able to state. Tartar emetic, however, seems to offer better results and in justice to those afflicted with filariasis, I think, should receive a careful trial. On account of the lack of suitable cases it does not seem possible to do it in this community, but hope my suggestion may prompt the Brisbane men to take it up and we can then talk it over at the Congress.

Yours, etc.,

W. B. NISBET.

Townsville, March 18, 1920.

FISH INFESTED WITH PARASITES.

Sir: In reference to the sub-editorial "Fish Infested with Parasites" in the *Journal* of March 20, 1920, I may mention that one of the rather common Australian fishes, the "barracoutta," has been noted to be not infrequently infested by a parasite commonly to be found in the muscles of the hinder part of the body.

This fish frequents southern waters, I understand, and usually appears in the markets of this State dried and smoked.

Yours, etc.,

ROBERT DICK, M.B., D.P.H.,
Medical Officer of Health.

Newcastle, New South Wales,
March 19, 1920.

CÆSARIAN SECTION FOR CONTRACTION RING.

Sir: I read with much interest a case reported in *The Medical Journal of Australia* of March 13, 1920, by Dr. G. A. Hagenauer, of Sale.

I have seen two similar cases in which a retraction ring was present quite early in labour; in each case there was absolutely no cause for obstruction, fœtal or otherwise, and the pregnancy was single.

I also found that morphine and chloroform anæsthesia had no relaxing effect on the ring.

Would Dr. Hagenauer be so kind as to give the weight (in pounds) of both infants; he mentions the weight only of the first. It is possible, if the first child were the smaller, that the retraction ring may have been present from the beginning, but did not impede its progress, but by obstructing the passage of the second larger child, drew attention to its presence. If so this case falls into the same category as the two I have mentioned. These cases are not described in text books, but are occasionally reported by obstetricians and they all seem agreed that Cæsarian section is the best method of delivery.

Yours, etc.,

EDWARD B. HEFFERNAN.

54 Collins Street, Melbourne.
March 19, 1920.

THE CAUSATION OF INSANITY.

Sir: In your review of the annual report of the Victorian Inspector-General of Insane for 1918 you evidently object to the inclusion of "previous attack" and "old age" as causative factors in mental disorder.

It is perhaps true that "the acutal causes of insanity remain very obscure," and it is unfortunate that the theory of the physical basis of insanity is so poorly supported by post-mortem evidence.

Jung and other exponents of psycho-analysis maintain that there is no physical basis of insanity, and that all morbid psychological states are the direct result of conflicts between the conscious and the sub-conscious mind. If this be true, one can imagine the future ætiological table as a classification of complexes.

Whatever be the causes of a first attack of insanity, I feel sure that all mental physicians of experience are agreed that after the attack no matter how apparently complete the recovery, the individual concerned is not so mentally vigorous or stable as before. In other words, a predisposition to subsequent attack remains, and such an individual like the soldier who has once suffered from shell shock, will be again afflicted, and more readily than before, should he meet with stress or exciting cause.

With regard to "old age," I am not clear as to your attitude on the question. If by "old age" is meant that condition in which pronounced cerebral atrophic changes have occurred, then "old age," or senility, is certainly the cause of a definite form of dementia in many individuals.

Yours, etc.,

M. H. DOWNEY.

Parkside, South Australia,
March 12, 1920.

[The objection to the inclusion of "previous attack" and of "old age" among the alleged causes of insanity to which Dr. Downey refers, is based on the consideration that an attempt to establish the ætiological factors of disease should rely on ascertained facts and not on assumptions. The cause of the first attack may persist after the more or less complete disappearance of its signs. If the signs recur it is not the previous attack, but the persisting primary cause which is effective. It is conceivable that changes associated with an attack might produce a vulnerability of the mental functions. But this vulnerability would be merely an increase of the pre-existing abnormal vulnerability and consequently the previous attack at best could only accentuate the disposition to an attack. In regard to old age, it is not admissible to confuse pathological changes which become increasingly common as life is prolonged, with advancing age. Old age, physiologically, is characterized by a general slowing of processes, but not by pathological disturbances. A healthy old person is not mentally affected. On the other hand, changes spoken of as "senile" are at times encountered in young people. Jung may be right in denying a physical basis of insanity. He will, however, not carry conviction with his arguments, if he used either meaningless or confusing terms in his ætiological classification.—Ed.]

THE LATE SIR THOMAS ANDERSON STUART.

Professor H. G. Chapman, who was away from Sydney at Broken Hill at the time of the publication of the obituary notice of the late Professor Sir Thomas Anderson Stuart, writes:—

During the last few months recollections of my late revered chief have often crowded my mind. Prominent among them stands the first occasion on which I saw Pro-

fessor Anderson Stuart. Seated in the Wilson Hall, Melbourne University, among six hundred students, all alive with the fire of youth, I listened to an annual address delivered with the sonorous voice and dramatic gesture that made Sir Thomas such a splendid orator. The subject of the evening was the medical man, his ways and his manners. Many of the bright thoughts and weighty sentences uttered on that night have recurred to me. To the young men and women seated before him, his words came winged with the force of his personality. He was known to them as the founder of the sister school of medicine, as its principal teacher and ornament and as a man of lofty ideals. They awaited eagerly what he would say to them. His shrewd and acute mind made it easy for him to fathom the instincts of these youthful students, while his practical and active spirit led him readily to the advice which would be acceptable and beneficial. In later years I had numerous opportunities of observing with pleasure and admiration the speed with which Sir Thomas interpreted the desires of the hesitating student, and the happy manner in which he quickly conveyed his decision.

Few men have had much influence over our undergraduates. He was sufficiently sympathetic to understand their wishes, but endowed with enough persuasion to mould them to what he considered best. Masterful as he was and eager to lead others, he aimed always for the permanent welfare of the student. Whatever difficulties encumbered the path, he fought the fight of the graduate of Sydney Medical School with unflinching courage. He sought admission to the staff of the great metropolitan hospital for those who had studied under his care. He opened to them the highest positions in the medical profession in New South Wales. His faith in the ability of his students to fill with honour the most responsible posts has had much to do with the formation of that spirit of confidence, based on knowledge gained and experience acquired, which has distinguished the graduates of the Sydney Medical School.

Six years later I had the opportunity of serving as assistant to Sir Thomas Anderson Stuart. In a fleeting half-hour I had to choose between a fellowship at Liverpool under Professor, now Sir Charles, Sherrington and a position in the Physiological Department in Sydney University. I elected to come to Sydney. For fifteen years I worked with increasing intimacy under Sir Thomas. As I look back on those years, I note the steady growth of my affection for my honoured chief. No man could ask for a better master. He was ever ready to listen to suggestion and to discuss without reserve the affairs of the Medical School. Whatever decision was reached, I felt that it represented the result of some consideration of the whole matter. It was easy to carry out loyally these behests and to administer them in the spirit in which they were conceived. To those who worked with him in the task of instructing the medical student, he gave a free hand in the selection of the matter taught and in the choice of the methods of education. He only asked that the students should be found at the end of the course with a satisfactory acquaintance with the subject. Great organizer as he was, he recognized the value of the labour of those with whom he worked. He was ever willing to let his assistants carry on the administration without interference, reserving to himself the right to direct the policy and adjust those matters that fell beneath his immediate eye.

Of my personal relations with him I can only say that for many years he was to me guide, philosopher and friend. His good feelings to me were shown in many acts of kindness. A couple of years ago he wrote that our good relations had never been marred by angry words, that we had differed, but that mutual restraint had preserved unbroken our bond of fellowship. It is hard for me to remember that he has gone. In conversation with a colleague I mentioned his opinion on a certain matter. The reply came in the words: "You do not yet realize that he is dead." To many of us in the Medical School the memory of the aims and aspirations of the late Dean will speak for years to come with no uncertain voice. Though he has passed the bar, he will still lead us to complete the work of which he laid a sure foundation.

MATRICULATION FOR MEDICAL STUDENTS.

At a meeting of the Council of the University of Melbourne, held on March 15, 1920, a proposal to remove Latin and geometry from the list of compulsory subjects at the matriculation examination for medical students was discussed with great vehemence and was eventually adopted. Professor Sir Harry Allen opposed the innovation on the ground that he was unwilling to sanction anything that would have the effect of lowering the standard of general education in the medical profession. It appears that the majority of those who favour the proposal, did so largely on the utilitarian basis that a medical practitioner needs very little Latin or geometry to enable him to earn a living. There are signs that *The Medical Journal of Australia* will very soon be called upon to defend the axiom that education of a medical practitioner should not be merely training in craftsmanship, but should be liberal and many-sided.

Books Received.

WHEELER'S HANDBOOK OF MEDICINE, by William R. Jack, B.Sc., M.D., F.R.F.P.S.G., Sixth Edition; 1920. Edinburgh: E. & S. Livingstone; Crown 8vo., pp. 561. Price, 12s. net.

PERSONAL HYGIENE, by M. R. Samey, M.D., D.P.H., M.O.H.; 1920. Calcutta, London, Sydney, Winnipeg: Butterworth & Co., Ltd.; Demy 8vo., pp. 96. Price, 8s. net.

MILITARY PSYCHIATRY IN PEACE AND WAR, by C. Stanford Read, M.D.; 1920. London: H. K. Lewis & Co., Ltd.; Royal 8vo., pp. 168. Price, 10s. 6d. net.

CHEMISTRY FOR PUBLIC HEALTH STUDENTS, by E. Gabriel Jones, M.Sc., F.I.C.; 1920. London: Methuen & Co., Ltd. Crown 8vo., pp. 244. Price,

Proceedings of the Australian Medical Boards.

QUEENSLAND.

The undermentioned have been registered under the provisions of *The Medical Act of 1867*, as duly qualified medical practitioners:—

Walter Crosse, L.R.C.P. and L.R.C.S., Edin., L.F.P.S., Glasg., 1910, Brisbane.

Alexander Clow Fraser, M.B., Ch.B., Univ. Melb., 1915, Boonah.

Edward Oswald Marks, M.B., Ch.B., B.A.O., 1916, M.D., 1919, Univ. Dublin, Brisbane.

Christopher Norman Matheson, M.B., Ch.M., Univ. Syd., 1916, Rockhampton.

Alexander Paterson Murphy, M.B., Ch.M., Univ. Sydney, 1916, Brisbane.

Stanley Vincent O'Regan, M.B., Univ. Sydney, 1915, Children's Hospital, Brisbane.

Louis Michael Pigott, M.B., Univ. Sydney, 1914, South Brisbane.

Cedric Murray Samson, M.B., Ch.M., Univ. Sydney, 1915, Nambour.

Henry Hastings Willis, M.B., Ch.M., Univ. Sydney, 1914, Brisbane.

The undermentioned additional registration has been made:
Neville Graham Sutton, F.R.C.S., Edin., 1919, Brisbane.

Medical Appointments.

The appointment of Dr. W. A. Sawyer (Rockefeller Foundation), Dr. S. M. Lambert (Rockefeller Foundation), Dr. C. P. Rosenthal (B.M.A.), Dr. L. W. Nott (B.M.A.), Dr. H. H. Willis (B.M.A.) and Dr. C. M. Samson (B.M.A.) as Quarantine Officers is announced in the *Commonwealth of Australia Gazette* of March 8, 1920.

Under the provisions of *The Health Acts, 1900 to 1917*, Dr. E. J. Savage has been appointed Government Medical Officer and Health Officer at Ayr, Queensland.

Dr. A. H. Gibson (B.M.A.) has been appointed Medical Officer to the Venereal Disease Clinic of the Fremantle Public Hospital.

It is announced that from the 1st of March, 1920, Dr. A. T. White (B.M.A.) has been appointed Honorary Consultant to the Fremantle Public Hospital.

Dr. J. Smythe Yule (B.M.A.) has been appointed District Medical Officer and Public Vaccinator at Jarnadup, Western Australia.

In pursuance of the provisions of *The Health Acts, 1900 to 1917*, Dr. Hugh S. McLelland (B.M.A.) has been appointed

Government Medical Officer and Health Officer at Maryborough, Queensland.

Drs. J. R. S. G. Beard, J. B. Birch, C. O. F. Reiger, W. L. Smith (B.M.A.), C. I. Streich, W. B. Shanasy and D. McDonald Steele have been appointed Resident Medical Officers to the Adelaide Hospital, under the provisions of Section 48 of the *Public Service Act, 1916.*

The appointment of Dr. H. F. Alsop (B.M.A.) as Government Medical Officer at Windsor and of Dr. C. Badham (B.M.A.) at Kendall, is announced in the *New South Wales Government Gazette.*

Dr. Donald A. Campbell (B.M.A.) has been appointed Medical Superintendent of the Hospital for the Insane, Ararat, in place of Dr. Patrick Shaw (B.M.A.) who has been transferred as Medical Superintendent to the Hospital for the Insane and Receiving House, Ballarat, Victoria.

It also announced that Dr. A. J. W. Philpott (B.M.A.) has been appointed Medical Superintendent of the Hospital for the Insane and Receiving House, Royal Park, Victoria.

The appointment of Dr. James Flynn (B.M.A.) as Junior Laboratory Assistant to the Office of the Director-General of Public Health of New South Wales, has been confirmed.

Dr. Robert M. Mackay (B.M.A.) has been appointed Assistant Medical Officer to the Rookwood State Hospital and Asylum, New South Wales.

Dr. Clifford Henry has been appointed Junior Assistant Medical Officer to the Mental Hospital Department of New South Wales.

It is announced in the *Victoria Government Gazette* of March 17, 1920, that Dr. Harvey Sutton, O.B.E. (B.M.A.), has resigned his position as School Medical Officer of the Department of Public Instruction of Victoria, the resignation dating from February 29, 1920. Dr. Harvey Sutton has recently been appointed Principal Medical Officer to the Department of Public Instruction of New South Wales.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xxv.

Melbourne Hospital: Various Vacancies on the Honorary Medical Staff.

Women's Hospital, Melbourne: Medical Superintendent.

Medical Appointments.

IMPORTANT NOTICE.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
VICTORIA. (Hon. Sec., Medical Society Hall, East Melbourne.)	All Friendly Society Lodges (other than the Grand United Order of Oddfellows and the Melbourne Tramways Mutual Benefit Society), Institutes, Medical Dispensaries and other Contract Practice. Australian Prudential Association Proprietary, Limited. Mutual National Provident Club. National Provident Association.
QUEENSLAND. (Hon. Sec., B.M.A. Building, Adelaide Street, Brisbane.)	Australian Natives' Association. Brisbane United Friendly Society Institute. Cloncurry Hospital.
SOUTH AUSTRALIA. (Hon. Sec., 3 North Terrace, Adelaide.)	Contract Practice Appointments at Renmark. Contract Practice Appointments in South Australia.
WESTERN AUSTRALIA. (Hon. Sec., 6 Bank of New South Wales Chambers, St. George's Terrace, Perth.)	All Contract Practice Appointments in Western Australia.
NEW SOUTH WALES. (Hon. Sec., 30.-34 Elizabeth Street, Sydney.)	Australian Natives' Association. Balmain United Friendly Societies' Dispensary. Friendly Society Lodges at Casino. Leichhardt and Petersham Dispensary. Manchester Unity Oddfellows' Medical Institute, Elizabeth Street, Sydney. Marrickville United Friendly Societies' Dispensary. Newcastle Collieries—Killingworth, Seaham Nos. 1 and 2, West Wallsend. North Sydney United Friendly Societies. People's Prudential Benefit Society. Phœnix Mutual Provident Society.
NEW ZEALAND: WELLINGTON DIVISION. (Hon. Sec., Wellington.)	Friendly Society Lodges, Wellington, New Zealand.

Diary for the Month.

Apr. 8.—Q. Branch, B.M.A., Council.
Apr. 9.—Q. Branch, B.M.A..
Apr. 9.—N.S.W. Branch, B.M.A., Clinical.
Apr. 9.—S. Aust. Branch, B.M.A., Council.
Apr. 13.—Tas. Branch, B.M.A..
Apr. 13.—N.S.W. Branch, B.M.A., Ethics Committee.
Apr. 14.—Vic. Branch, B.M.A..
Apr. 14.—North-East. Med. Assoc. (N.S.W.).
Apr. 15.—Vic. Branch, B.M.A., Council.
Apr. 16.—Eastern Suburbs Med. Assoc. (N.S.W.).
Apr. 17.—Northern Suburbs Med. Assoc. (Sydney).
Apr. 20.—N.S.W. Branch, B.M.A., Executive and Finance Committee.
Apr. 21.—W. Aust. Branch, B.M.A..
Apr. 22.—Q. Branch, B.M.A., Council.
Apr. 27.—N.S.W. Branch, B.M.A., Medical Politics Committee; Organization and Science Committee.
Apr. 28.—Vic. Branch, B.M.A., Council.
Apr. 29.—S. Aust. Branch, B.M.A..

EDITORIAL NOTICES.

Manuscripts forwarded to the office of this journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to *The Medical Journal of Australia* alone, unless the contrary be stated.

All communications should be addressed to "The Editor," *The Medical Journal of Australia*, B.M.A. Building, 30-34 Elizabeth Street, Sydney, (Telephone: City 2645.)